

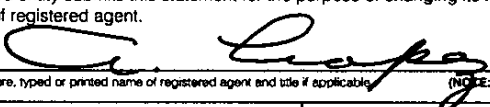



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000099597						FILED 08 DEC -5 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name THE TANDEM GROUP, INC.				Principal Place of Business 11725 WALTON PLACE NAPLES, FL 34110 US			
Mailing Address 11725 WALTON PLACE NAPLES, FL 34110 US							
2. Principal Place of Business - No P.O. Box # 2325 RESIDENCE CIRCLE		3. Mailing Address 2325 RESIDENCE CIRCLE		12032008 REIN-P CR2E098 (1/07)		4. FEI Number 59-3422239	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State NAPLES, FL		City & State NAPLES, FL		Zip 34105		Country USA	
6. Name and Address of Current Registered Agent ALBERT LOPEZ 11725 WALTON PLACE NAPLES, FL 34110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2325 RESIDENCE CIRCLE #202 City NAPLES FL Zip Code 34105			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 12/01/08			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME LOPEZ, JUTTA V			<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11725 WALTON PLACE	CITY-ST-ZIP NAPLES, FL 34110				STREET ADDRESS 2325 RESIDENCE CIRCLE #202	CITY-ST-ZIP NAPLES, FL 34105	
TITLE DPTS	NAME LOPEZ, ALBERT			<input type="checkbox"/> Delete	TITLE DPTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11725 WALTON PLACE	CITY-ST-ZIP NAPLES, FL 34110				STREET ADDRESS 2325 RESIDENCE CIRCLE #202	CITY-ST-ZIP NAPLES, FL 34105	
TITLE 	NAME 			<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 				STREET ADDRESS 300138509843	CITY-ST-ZIP 12/05/08--01019--007 **158.75	
TITLE 	NAME 			<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 				STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 			<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 				STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 			<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 				STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 12/01/08			
				Daytime Phone # 239-581-5338			