## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED 02 JUL 15 AM II: 52
DOCUMENT #  1. Corporation Name  Stylus Cons	sulting Group, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 13876 5-W.56457.	99 1298 3. Mailing Office Address	9000064489991 -07/16/0201052014 *****202.00 *****308.00
Suite, Apt. #, etc. Syite #184	Suite Apt #, etc. Suite #184	4. Date Incorporated or Qualified To Do Business in Florida 5/15/97
City & State Miami, Florida  Zip 23175 Couptry: ted	City & State  Minmi, Florida  Zip  Country  Country	5. FEI Number Applied For Not Applied For Not Applied For Service Program \$3.75 Additional For required
33173 Grates	33175 United State	for a Certificate of Status
Name  Name  Name  Note Address (P.O. Box Number is Not Acceptable)  Name  Note Address (P.O. Box Number is Not Acceptable)		
4025 5.W. 125 th AVENUE Suite, Apt. #, Etc.		
city Miami,	Florida	State Zip Code FL 33175
8. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date 6/21/02		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	<u> </u>	or City / State / Zip
Tres Richard H. Dobson 4025 S.W. 125 AUE. Miami, Fl. 33175 Lies George L. Betancourt 9353 S.W. 155th AVE. Miami, Fl. 33196		
The George L. Betancourt 9353 S.W. 155 AVE. Miami, Fl. 33196		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  SIGNATURE ND TIPED OR PRINTED NAME OF SIGNING OFFICER AND OR DIRECTOR  Daytime Phone #  Daytime Phone #		
		y ilistor