

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -9 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000064387**

1. Corporation Name

BUSINESS CONSULTING GROUP, INC.

REINSTATEMENT 01-02-03

2. Principal Office Address

8300 SW 103RD ST

Suite, Apt. #, etc.

3. Mailing Office Address

8300 SW 103RD ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33156

Country

U.S.A

Zip

33156

Country

U.S.A

400021414934

07/09/03--01052--006 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

SEP-17-1998

5. FEI Number

650858712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANIEL T. RUIZ

Street Address (P.O. Box Number is Not Acceptable)

8300 SW 103RD ST

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, 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 **07-07-03**

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	Street Address of Each Officer and/or Director	City / State / Zip
P	DANIEL T. RUIZ	8300 SW 103RD ST	MIAMI, FL, 33156

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:

DANIEL T. RUIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-03 (305)282-2443

Date

Daytime Phone #

Handwritten initials and date
7/10