
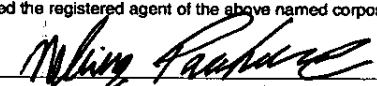
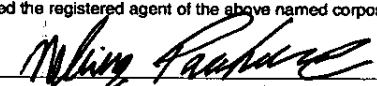
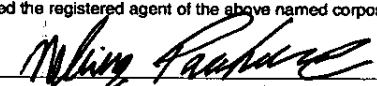





PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<div style="text-align: right;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JUL -2 AM 11:55</div>																													
<b>DOCUMENT # P99000000904</b>																																	
<b>1. Corporation Name</b> INTERNATIONAL INVESTMENT CONSULTANT GROUP INC.																																	
<b>2. Principal Office Address</b> 4000 PONCE DE LEON BLVD Suite, Apt. #, etc. STE 470 City & State CORAL GABLES, FLORIDA Zip 33134 Country USA		<b>3. Mailing Office Address</b> 4000 PONCE DE LEON BLVD Suite, Apt. #, etc. STE 470 City & State CORAL GABLES, FLORIDA Zip 33134 Country USA		<div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right; font-size: 1.5em;">00-04</div> <div style="text-align: center; font-size: 1.5em;">ef</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2"><b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01-05-1999</td></tr><tr><td><b>5. FEI Number</b></td><td><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2"><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b></td></tr></table>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01-05-1999		<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																							
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01-05-1999																																	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>																																	
<b>7. Name and Address of Current Registered Agent</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="3">Name MELVYN MARCUCCI</td></tr><tr><td colspan="3">Street Address (P.O. Box Number is Not Acceptable) 4000 PONCE DE LEON BLVD</td></tr><tr><td colspan="3">Suite, Apt. #, Etc. STE 470</td></tr><tr><td>City CORAL GABLES</td><td>State FL</td><td>Zip Code 33134</td></tr></table>						Name MELVYN MARCUCCI			Street Address (P.O. Box Number is Not Acceptable) 4000 PONCE DE LEON BLVD			Suite, Apt. #, Etc. STE 470			City CORAL GABLES	State FL	Zip Code 33134																
Name MELVYN MARCUCCI																																	
Street Address (P.O. Box Number is Not Acceptable) 4000 PONCE DE LEON BLVD																																	
Suite, Apt. #, Etc. STE 470																																	
City CORAL GABLES	State FL	Zip Code 33134																															
<b>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.</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Signature of Registered Agent </td><td>Date JULY 01, 2004</td></tr></table> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>						Signature of Registered Agent 	Date JULY 01, 2004																										
Signature of Registered Agent 	Date JULY 01, 2004																																
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PD</td><td>MELVYN MARCUCCI</td><td>4000 PONCE DE LEON BLVD- # 470</td><td>CORAL GABLES, FL 33134</td></tr><tr><td>VD</td><td>SEAN PATEL</td><td>4000 PONCE DE LEON BLVD- # 470</td><td>CORAL GABLES, FL 33134</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <div style="text-align: right; margin-top: 10px;">900039005159 07/14/04--01005--021 **750.00</div>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	MELVYN MARCUCCI	4000 PONCE DE LEON BLVD- # 470	CORAL GABLES, FL 33134	VD	SEAN PATEL	4000 PONCE DE LEON BLVD- # 470	CORAL GABLES, FL 33134																
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																														
PD	MELVYN MARCUCCI	4000 PONCE DE LEON BLVD- # 470	CORAL GABLES, FL 33134																														
VD	SEAN PATEL	4000 PONCE DE LEON BLVD- # 470	CORAL GABLES, FL 33134																														
<b>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.</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td><b>SIGNATURE:</b> </td><td><b>JULY 01, 2004</b></td></tr><tr><td><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td><td><small>Date Daytime Phone #</small></td></tr></table>						<b>SIGNATURE:</b> 	<b>JULY 01, 2004</b>	<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>																								
<b>SIGNATURE:</b> 	<b>JULY 01, 2004</b>																																
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>																																

CR2E081 (01/04)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM SINCE THE YEAR 2000 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in black ink, appearing to read "Melvyn Marcucci", written over a horizontal line.

MELVYN MARCUCCI  
PRESIDENT