

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 AUG 10 AM 9:50

CORPORATION
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P99000004775

1. Corporation Name

MCG Partners, Inc.

200004547502--5
 -08/21/01--01072--018
 *****900.00 *****900.00

REINSTATEMENT 00-01

2. Principal Office Address

7000 W. Palmetto Park Road

Suite, Apt. #, etc.

Suite 501

City & State

Boca Raton, FL

Zip

33433

Country

USA

3. Mailing Office Address

7000 W. Palmetto Park Rd

Suite, Apt. #, etc.

Suite 501

City & State

Boca Raton, FL

Zip

33433

Country

USA

4. Date Incorporated or Qualified
 To Do Business in Florida

1-15-99

SP

5. FEI Number

65-0888800

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

Michael Karsch

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

7000 W. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 501

City

Boca Raton

State

FL

Zip Code

33433

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

MOK

REGISTERED AGENT MUST SIGN

Date 8-6-01

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/C-	Neil Swartz	7000 W. Palmetto Park Rd Suite 501	Boca Raton, FL 33433

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Swartz

Date 8-6-01

Daytime Phone # (561) 620-9234

CR2E081 (9/00)