

BLUMB CORP SVCS

Fax:2124311441

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE

03 JAN -8 PM 1:50

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005770

1. Corporation Name
SMITH HANLEY CONSULTING GROUP, INC.

REINSTATEMENT 02-03

2. Principal Office Address
15915 KATY FREEWAY

3. Mailing Office Address
SAME AS 2

State, Apt. #, etc.
210

State, Apt. #, etc.

City & State
HOUSTON, TX

City & State

Zip
77094

Country
USA

Zip

Country

4. Date Incorporated or Classified
To Do Business in Florida 11/8/99

5. FEI Number
00-1412917

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
4435 OLD WINTER GARDEN ROAD

State, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent [Signature] ASST SECY Date 1-8-02

REGISTERED AGENT MUST SIGN

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
PRES.	THOMAS A HANLEY, JR.	107 JOHN ST.	SOUTHBRIT, CT 06490
CFO	MICHAEL L. HLINAK	15915 KATY FREEWAY #210	HOUSTON, TX 77094

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 exception under section 119.07(2)(b), 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: MICHAEL L. HLINAK [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-02 8291110

Daytime Phone #

BLUMBERGEXCELSIOR
60 WHITE ST
NY NY 10013

800-221-2972
x575

H 030000089711

FL

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

CORPORATION REINSTATEMENT

SMITH HANLEY CONSULTING GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00