

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT



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

FILED

JAN 21 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45090

1. Corporation Name
SLR CONSULTING & MANAGEMENT SERVICES, INC.

Principal Place of Business
20423 STATE RD. 7
SUITE 6206
BOCA RATON FL 33498
US

Mailing Address
20423 STATE RD. 7
SUITE 6206
BOCA RATON FL 33498
US

207 Banks Station
Suite 654
Fayetteville, GA 30214



2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
207 Banks Station #654
Suite, Apt. #, etc.
Fayetteville GA
City & State
Zip Country
30214 Fayette

4. Date Incorporated or Qualified To Do Business in Florida
11/14/1988

5. FEI Number
65-0111163
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ROSA, SUSAN L	5817 N.W. 74TH TERRACE	PARKLAND FL
D	ROSA, ALAN	5817 N.W. 74TH TERRACE	PARKLAND FL

300003129958--1
-02/09/00--01086--029
****300.00 ****300.00

8. Name and Address of Current Registered Agent
ROSA, SUSAN L
5817 N.W. 74TH TERRACE
PARKLAND FL 33067

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN
Date: 1-17-00

11. 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]* President 1-17-00 770-460-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)



Department of State
 Division of Corporations
 P.O. Box 6327
 Tallahassee, Florida 32314

January 17th, 2000

Re: Annual Reports Reinstatement # K45090

Dear Reinstatement Board:

I would like to request a one time wavier of the reinstatement fee for my corporation. My husband Alan Rosa listed as an officer on this corporation died of cancer 11/22/98. I have been living in Georgia during his illness and following his death trying to bring affairs to resolution.

During this period I was not receiving my mail from our Florida address. This resulted in my not receiving the bill for the annual report. There was such a state of termoil that I didn't realize that this report had not been filed.

I am enclosing a check in the amount of \$ 300.00 to cover the filing fees for 1999 & 2000. Please remove Alan Rosa as an officer of the corporation. I would like to add James Ontko in his place. At this time I humbly request that you grant a one time wavier of the reinstatement fee. I have enclosed a copy of my husband's death certificate.

Please change the mailing address to
 207 Banks Station, suite # 654, Fayetteville, Ga. 30215.

If you should have any questions, please feel free to call me @ 770-460-1401.

Thank you for your consideration in this matter.

Sincerely yours,

Susan L. Rosa
 President