

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000056385

1. Corporation Name

THE CONSULTANCY NET CORPORATION

Principal Place of Business

Mailing Address

10527 NW 55TH TERRACE  
MIAMI FL 33178

10527 NW 55TH TERRACE  
MIAMI FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/2001

5. FEI Number

65-1113710

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	QUIRARTÉ, SALVADOR	10527 NW 55TH TERRACE	MIAMI FL 33178
SD	QUIRARTÉ, ALMA R	10527 NW 55TH TERRACE	MIAMI FL 33178

8. Name and Address of Current Registered Agent

GARCIA, CARLOS F  
4995 NW 72ND AVE. #206  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11 21 03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVADOR QUIRARTÉ 10 31 03 305-495-6546

Date

Daytime Phone #

FILED

03 DEC -1 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



300025030163

11/25/03--01038--016 \*\*150.00

CR2E040 (7/03)

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**CARLOS E. GARCIA**  
CERTIFIED PUBLIC ACCOUNTANT  
PROFESSIONAL ASSOCIATION  
4995 NW 72ND AVENUE  
SUITE 206  
MIAMI, FLORIDA 33166  
TEL (305) 599-9939  
FAX (305) 599-8835

November 1, 2003

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

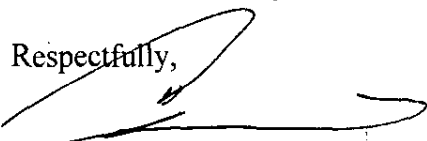
RE: The Consultancy Net Corporation  
P01000056385  
65-1113710

Dear Sirs;

We are in receipt of your Certificate of Dissolution and Application for Reinstatement.

The Corporation named above is a small Corporation. The business takes Mr. and Mrs. Quirarte out of the country on frequent and extended visits. The original notices were never received. In the future, as the registered agent, I will make certain this form is filed on a timely basis. Please accept our check in the amount of \$150.00 and waive the reinstatement fee. We hope you will understand the circumstances and provide us with this one time courtesy.

Respectfully,



Carlos E. Garcia C.P.A., P.A.