

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED
98 JUN -4 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071306
1. Corporation Name
CANTERBURY MANAGEMENT CONSULTANTS, INC.

Principal Place of Business **Mailing Address**
 701 Northwest Foresta Drive
 Port St. Lucie, FL 34983

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

2. Now Principal Office Address, if Applicable		3. Now Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida August 27, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0840003	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>§ 675 Additional Fee required for a certificate of status.</small>	

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 Officer and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Zion Michtavy	701 NW Foresta Drive	Port St. Lucie, FL 34983

700002552567-9
 -06/03/98--01048--022
 *****900.00 *****900.00
 6/4/98
 DC

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Richard C. Fox 3401 Lakeview Drive Delray Beach, FL 33445		Name Blumberg Excelsior Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 4435 Old Winter Garden Road Suite, Apt. #, Etc. City: Orlando State: FL Zip Code: 32802	

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: *Marc D. Mool* Date: May 26, 1998
 Marc D. Mool, Assist. Sec. REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 *Zion Michtavy* **Zion Michtavy, President** **May 22, 1998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATED 11/98