

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 DEC 22 PM 1:26

DOCUMENT # P99000049304
 1. Corporation Name
ADVANCED CONSULTING MICRODATA CORP.

Principal Place of Business Mailing Address
 2286 NW 171ST TERR ~~2286 NW 171ST TERR~~
 PEMBROKE PINES FL 33028 ~~PEMBROKE PINES FL 33028~~



REINSTATEMENT *02*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		JOSE M. REIGOSA, CPA, P.A. Suite, Apt. #, etc. 3900 N.W. 79th AVENUE #567		06/01/1999	
City & State		City & State		5. FEI Number	
		MIAMI, FLA.		65-052-8518	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33166	U.S.A.		

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
D	MORENO, ANTONIO	2286 NW 171ST TERR	PEMBROKE PINES FL 33028
D	LOGGIA, FERDINANDO	2286 NW 171ST TERR	PEMBROKE PINES FL 33028

Handwritten: 100003523711--3
 01/04/01 01094 007
 *****758.75 *****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARENO; ANTONIO 2286 N.W. 171ST STREET PEMBROKE PINES FL 33028-2525		Name JOSE M. REIGOSA Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79th AVENUE #567 Suite, Apt. #, Etc. #567 City MIAMI	
		State	Zip Code
		FL	33166

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: *Antonio Moreno* **SIGNATURE REQUIRED** *Jose M. Reigosa*
 REGISTERED AGENT MUST SIGN Date: **October 30, 2000**

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: *Antonio Moreno* **SIGNATURE REQUIRED** *Antonio Moreno* **October 30, 2000** (954) 438-9254
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #