PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

APPLICATION

FOR

REIN	STATEMENT	יום	Secretary of S						
DOCUMENT # F9900004786 1. Corporation Name						FILED 01 OCT 25 PM 2: 17			
MDR C	CONSULTING, INC.					SEGRETARY	1/1 2: 1/ NE STATE		
Principal Pi	ace of Business	ess		1,000,000	SEGRETARY (TALLAHASSEE	S, FLORIDA			
133 LEVY ATLANTIC BEACH FL 32233		P.O. BOX 330908 ATLANTIG BEACH FL 33223							
If above a	ddresses are incorrect in any way, line thr	ough incorrect in	nformation and enter	correction below.					
2. New Prin	ncipal Office Aderess, If Applicable	3. New Maili	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida O0/00/1000			
Suite, Apt. #; etc.		Suite, Apt. #, etc.			09/09/1999 5. FEI Number Applied For				
City & State	who beach	City & State				84-1085519	Not Applicable)- -	
Zip 37:	233 Country	Zip	Countr	ry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	:d	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpor	ations must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
DP RACOSKY, MICHAEL			-2216-ALICIA LA	NE 321 8	STA ST. ATLANTIC BEACH FL 32233				
ST KLEIN, GINNI			2216 ALICIA LA	NE 321 8	3Th St.	ATLANTIC BEACH FL 32233 4000045785840 -11/14/0101054007 ****750.00 ****750.00			
					40				
			RES	STATE	RENT	0)		- - -	
	8. Name and Address of Current I	ent	9. Name and Address of			ered Agent	1		
Name					(8/01)				
RACOSKY, MICHAEL 2216 ALICIA LANE				Street Address (P.O. Box Nyraber is Not Acceptable)				CR2E040 (8/01)	
ATLANTIC BEACH FL 32233				Suite, Apt. #, Etc.					
				City ATLANT	rie Bea		State Zip Code FL 32233	1	
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar w			on 607.0505, F.S.		7	
Signature of Registered		POTERED AG	TO DEEL			Date	2/0/		
this rein	that I am an officer or director or the receiv statement application, the reason for dissor or the corporation have been paid and the re application is true and accurate, and my sign	lution has been names of individ	eliminated, the corp uals listed on this for	orate name satisfies rm do not qualify for	the requirements an exemption und	of section 607.0401 or 6	17.0401, F.S., that all fees		
SIGNAT	URE:	10	6.6		10/2	2/01	249-6462		