PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED JAN-9 AMIO:33 JAN-ANI GISTATE	
DOCUMENT # P 96000101478 1. Corporation Name				i A	ELAHASCEE, FLORIDA	
FIR	E STAZ CONSUL	TANTS,	Inc.			
1			office Address W. BAY HARBOR Dr. etc.	AEIN	STATEMENT 9 CR2E081 (12/05)	8-66 _~
SUITE 621 S			TE 621		porated or Qualified iness in Florida 1 1/17/194	2/.
City & State City & State City & State Ray Harbor FL Ray H			HARBOR, FL.	5. FEI Numbe	er _ App	lied For
Zip	Country	Zip	Country	6.	60.75	Applicable
3315	.4 Us	3312	4 US	CERTIFICATE	E OF STATUS DESIRED 58.75 Additional for a Certificate	of Status
7. Name and Address of Current Registered Agent Name						
-	RICHAND C. UMBEL Street Address (P.O. Box Number is Not Acceptable)				<u> 10063569412</u> /0601055018 **195	,,-
	10000 W BAY HARBON On.				/0601055018 **195	. <i>i</i> S
	Suite, Apt. #, Etc. SUITE 62-1					
	City BAY HARBOR				State Zip Code FL 33154	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.						
Signature of Registered Agent Vichord C Unulue					Date 13/06	
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Name of	Street Address of Each	<u> </u>	City / State / Zip		
P	Officers and/or Directors		Officer and/or Director		70. Hann E. 22.C.	
-	RICHARD C. UM		10000 W. BAY HARBOR DA			
S	RICHARD C. UA	1BEL	10000 W. BAY HARBON DR.		BAY HARBOR, FL. 33154	
			K(1/10			
			7			
10. 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 contained in Chapter 119, 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: RICHARD C. UMBEL 1/3/06 365-864-8260 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						
O A 1 SA DISTRIBUTION OF SIGNING OFFICER ON DIRECTOR USING USING USING PROOF #						