DI EACE DEAD ALL INC	<u> </u>	
APPLICATION FLORII FOR BEINSTATEMENT	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 667631 1. Corporation Name THE FOUNDMON OF CONSULTING SERVICES INCORPORATED		FILED 97 NOV 14 PM 1: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	t information and enter correction below.	631
	ailing Office Address, If Applicable U. COLUNIAL DRIVE	4. Date Incorporated or Qualified To Do Business in Florida 04/33/80
3RD 1-10°R 3RD 1 City & State City & State	LOOR	5. FEI Number Applied For Not Applied be
Ovlando, Florida Country USA : 3286		S8.75 Additional Fee required to a Certificate of Status Desired
7. Names and Street Addresses of Each Officer and/or Director (F	lorida nonprofit corporations must list at le	ast 3 directors)
Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip 2 3 (Do NOT Use Post Office Box Numbers) 4		
PHS V ARIETHA Ephram 1221 W. Colonial Drive-Suite 300 Orlando, Florida 32804 Orlando, Florida 32804		
		5000023476554 -11/14/9701023007 ******8.75 ******8.75
		-11/14/9701023006 ***2248.75 ***2248.75
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name Name Name		/ A A/
Wilbur C. Rollins 6101 SW 76 to Street Mimmi, Florida	Street Address (I 1331 Suite, Apt. #, Etc. 320 -)	P.O. Box Number is Not Acceptable) W. LOLUNIAL DIZIVE Clool State Zip Code.
10. I. being appointed the regient red agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Agent Agent MUST SIGN Date 1/13/97		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 1		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		