PLEASE READ ALL INST	TRUCTIONS	BEFORE C	OMPLET	ING THIS FOR	M.		
FOR	A DEPARTMEN Glenda E: #6 Secretary of S VISION OF CORPOR	ocoั ์ tate		FILE[	-		
DOCUMENT # P0000015789			03 DEC 10 PM 12: 37				
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
SÍS CONSULTING, INC.			:				
Principal Place of Business  31 2 9 UTA mon TUT BAY  229 W. CUMBERLAND CIRCLE LONGWOOD FL 92779  APT 10 2  Principal Place of Business  Mailing Address  229 W. CUMBERLAND CIRCLE LONGWOOD FL 92779  SAW W. S.							
ALTANIO 12 5 Pr. m. S. F- 3273; Business ADDE  If above addresses are incorrect in any way, line through incorrect information and enter correction below.				TATOME	NT_2	}	
2. New Principal Office Address, If Applicable 3. New Mail 3 ( 2 4 LTA Monto BAY	cipal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. LA MONTO BAC  etc. CLUB CACLY Suite. Apt. #, etc.			4. Date incorporated or Qualified To Do Business in Florida  02/14/2000			
City & State  No France From City & State			5. FEI Number	59-3624218		Applied For Not Applicable	
Zip 3270 Country Zip	Country	y	6. CERTIFICATE	OF STATUS DESIRED		al Fee required ate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
		et Address of Each cer and/or Director 4		City / State / Zip			
D SORKIN, STEVE	LAND CIRCLE	4 CLUB ALTA MONTES Spring, De 3276					
P SORKIN, SHELIA	229 W. CUMBER		cipela Lus Cipela	LONGWOOD FL 3277	Boring	pe 327	
SORKIN, JULIAN	LAND-CIRCLE		±ONGWOOD FL 3277				
						(	
				<b>0023713</b> 0301076012	518 **150,	00	
			800023713518 12/10/0301023013 **600.00				
8. Name and Address of Current Registered Agent		NI		ddress of New Registere			
BRUSWELL, MICHEALL STEVIEW I. Sorkin 633 SEABREEZE BLVD 312 ALTHMONTER BAY ELLIB CIACK		Name Struz Sorlin Street Address (P.O. Box Number is Not Acceptable) 312 ALTA MONTO BAY CLUB CIPLLE Suite, Apt: #; Etc.					
DAYTONA BEACH FL 32118- ALTAMONE Spring ( FC 32701		City State Zip Code  Huthurnov Springs FL 32707					
10. I, being appointed the registered agent of the above named corpo	ration, am familiar wit	th and accept the ob	ligations of Section	on 607.0505, F.S. or 617.0			

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:

SCHOOL AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-03

407-797-6357

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