		PLEASE REAL	ALL INS	TRUCTION	S BEFORE (	COMPLET	TING THIS FO	)RM.		
	PPLICAT FOR NSTATE		Ba	DA DEPARTME  Jim Smit  Secretary of  DIVISION OF CORPO	State	; ;	FILED			
DOCUMENT # P0000016856  1. Corporation Name							02 NOV -5 AM 9: 40			
•		ICATION CONS	ULTANTS	S, INC.		SEC TALL	RETAHY OF STAT HASSEE, FLORII	E DA		
Principal F	Place of Busine	ss	Mailing Add	dress						
	k terrace ea Beach FL 322		1700 PARK TERRACE EAST ATLANTIC BEACH FL 32233							
If above	addresses are i	incorrect in any way, line the								
Suite, Apt.		тапеза, п дррпоавте		New Mailing Office Address, If Applicable  Suite, Apt. #, etc.			porated or Qualified iness in Florida	02/09/200	00	
City & Star			City & State		्र प्रकटियाँ	5. FEI Numbe	59-3630285		Applied For	
Zip Country			Zip Count		ntry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Add	dresses of Each Officer and	I/or Director (FI	lorida nonprofit corpo	orations must list at le	ast 3 directors)				
Title(s)	1 (1 = 1)				Street Address of Eacl Officer and/or Director		City / State / Zip			
D	POPPELL, RONEL			1700 PARK TERRACE EAST		ATLANTIC BEACH FL 32233				
						00 11/05/	000880 <del>92-01053-</del> 0	6660 10 **150	-00	
· · · · · ·	8 Name	and Address of Current	Domintored Av							
8. Name and Address of Current Registered Agent  Name						9. Name and Address of New Registered Agent				
ELEFANT, FRED 1650 PRUDENTIAL DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 105 JACKSONVILLE FL 32207					Suite, Apt. #, Etc.					
UNUIN	JOHVILL I L	VEE01			City			State Zip Cod	le	
D. I, being gnature o egistered	ıf	registered agent of the abo	ove named corp	POPULATION, AM FAMILIAR WITH AMERICAN AMERICAN SERVICE OF THE POPULATION OF THE POPU	with and accept the ol	bligations of Secti	on 607.0505, F.S. or 6	17.0505, F.S.	5-2	
this rein	statement appi	ficer or director or the rece lication, the reason for diss on have been paid and the	olution has been	n eliminated, the com	orate name satisfies	the requirements	of section 607 0401 or	617 0401 E C +	bot all face	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Date Daytime Phone #

Ronel J. Poppell

1700 Park Terrace East Atlantic Beach, Florida 32233

Phone: 904-246-1508 Fax: 904-241-2442 Email: FLAEDUCON@aol.com

Division of Corporations Annual Report/Reinstatement Section PO BOX 6327 Tallahassee, Florida 32314-6327

November 1, 2002

Dear Sir:

I have enclosed a check for the \$150.00 fee for reinstatement of a profit making organization. I have a small S Corporation that I began after my retirement from education. I am involved in an educational consulting business. I did not receive the notices that were sent to my business address, which is my present home address. Our business is the Florida Education Consultants located at 1700 Park Terrace East in Atlantic Beach, Florida 32233. My concern was that we were out of our house for almost seven months while it was built from February thru August. Over 85% of our home was gutted during this process. The construction company originally told us that it would take four or five months. We moved into our son's town house while we were waiting for our home to be completed. We continued to pick up our mail at our home because we originally thought that we could live there while the construction was being done. The outside door and the stucco had to be added and the mailbox was put on the ground next to our house. We did have some of our mail lost during the rain and windstorms a possibly those notices were lost. We have been very faithful in doing our paperwork but this was a complete surprise to us. I would appreciate having our business reinstated. If you need to contact me, I can be reached at home: 904-246-1508 or e-mail Flaeducon@aol.com

Sincerely,

Ronel J. Poppell