


Jun 20 05 01:14p Metancourt

(305) 667 2271

P.3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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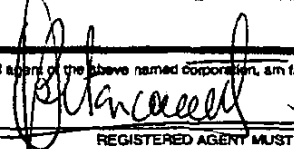
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # DELIA BETANCOURT CONSULTING, INC. 1. Corporation Name			
P00000019443 W05-30356			
2. Principal Office Address 5959 SW 82ND STREET Suite, Apt. #, etc.		3. Mailing Office Address 5959 SW 82ND STREET Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33143	Country USA	Zip 33143	Country USA

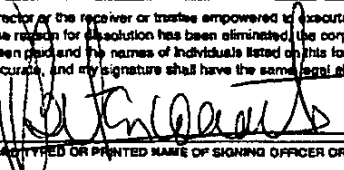
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 02/24/2000	
5. FEI Number 65-0984899	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent Name BETANCOURT, DELIA Street Address (P.O. Box Number is Not Acceptable) 5959 SW 82ND COURT Suite, Apt. #, Etc. City MIAMI		000057750020 07/21/05--01053--003 *\$600.00 State FL Zip Code 33143
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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  Date 7-05-05 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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DELIA BETANCOURT	5959 SW 82ND COURT	MIAMI, FLORIDA 33143

10. I certify that I am an officer or director of 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)(f), 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:  President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7-05-05 (305) 667-0737 Daytime Phone #

Delia Betancourt

CR0201 (01/05)

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DELIA BETANCOURT CONSULTING, INC.
5959 SW 82ND STREET
Miami, Fl 33143

June 9, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl 32314

Re: Delia Betancourt Consulting, Inc.
FEIN: 65-0984899
Document Number: P00000019443

Dear Sir or Madam:

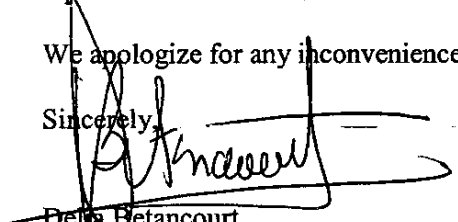
I am writing you to respectfully request a waiver of the reinstatement fee for the above referenced corporation based on the following circumstances described below.

On May of this year, when my accountants were in the process of preparing the tax returns for the corporation, they became aware that the company had not filed the annual report since 2002. Consequently, the corporation was administrative dissolved on October 10, 2002. The accountants contacted me regarding this matter, and after searching my files, I confirmed with them that I never received any notice or correspondence regarding the annual filing for the last few years.

Since the delay in filing was unintentional, I am enclosing a check for \$600 that represents the total of \$150 for each year not filed, waiting for your affirmative response.

We apologize for any inconvenience.

Sincerely,


Delia Betancourt
Encl.