
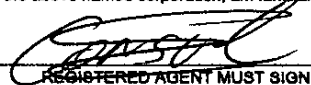
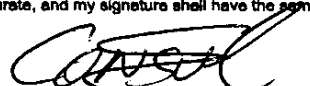


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b> W0900024365	
<b>DOCUMENT #</b> P00000029739			
<b>1. Corporation Name</b> CONSUL Enterprises, INC.			
<b>2. Principal Office Address</b> 13717 BERMUDA CAY CT Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> SAME Suite, Apt. #, etc.	
<b>City &amp; State</b> JACKSONVILLE FL		<b>City &amp; State</b> JACKSONVILLE FL	
<b>Zip</b> 32225	<b>Country</b> DUVAL	<b>Zip</b>	<b>Country</b>
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 03-20-2000	
		<b>5. FEI Number</b> 59-3642735	<b>Applied For</b> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> SAMIR CONSUL			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 13717 BERMUDA CAY CT			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> JACKSONVILLE		<b>State</b> FL	<b>Zip Code</b> 32225
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 5-16-05	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PR	SAMIR CONSUL	13717 BERMUDA CAY CT	JACKSONVILLE, FL 32225
<b>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 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.</b>			
<b>SIGNATURE:</b> 		<b>5-16-05</b>	<b>904-247-7708</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)

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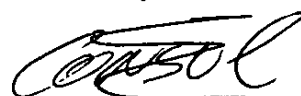
To Whom it may Concern:

Enclosed a check for the amount of \$450.00 for Fees for the last three YEARS for CONSUL Enterprises, inc. Please Reinstate the Corporation and waive the \$600.00 penalty because we did not receive any renewal cards; We did send a Change of Address notice to you 3 YEARS AGO.

Thank you for your cooperation in this Matter and if you have any questions, please feel free to call me at 904-247-7708.

ANNUAL REPORTS NOT RECEIVED IN 2003, 2004, 2005.

Thank you



SAMIR CONSUL