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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P00000058027</i>	
1. Corporation Name <i>Consulted, Inc.</i>	
2. Principal Office Address <i>5086 NW 74th Avenue</i>	3. Mailing Office Address <i>5086 NW 74th Avenue</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Miami, Florida</i>	City & State <i>Miami, Florida</i>
Zip <i>33166</i>	Country <i>USA</i>
Country <i>USA</i>	Zip <i>33166</i>

07 JUL 16 AM 9:42

REINSTATEMENT
CLARASSEE, FLORIDA

300106614359
07/24/07--01017--007 ***450.00

REINSTATEMENT
CR2E081 (12/05)

05-07

4. Date Incorporated or Qualified To Do Business in Florida <i>06-08-2000</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <i>26-0536514</i>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>Edward Rodriguez</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>20225 NE 34th Court</i>	
Suite, Apt. #, Etc. <i>4713</i>	
City <i>Aventura</i>	State FL
	Zip Code <i>33180</i>

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

Ed Rodriguez

Date *7/13/2007*

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
PNT	<i>Marisabel Rodriguez</i>	<i>5086 NW 74th Avenue</i>	<i>Miami, FL 33166</i>

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 contained in Chapter 119, 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:

Mandy Rodriguez

7/13/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18

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DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREE TO CONTACT US.

CORDIALLY YOURS,



MARISABEL RODRIGUEZ
P/V/T/S