

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000063504

1. Corporation Name

ARCHON CONSULTING CORP.

FILED
03 NOV 20 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business
108 8TH TERR. DILIDO ISLAND
MIAMI BEACH FL 33139

Mailing Address
108 8TH TERR. DILIDO ISLAND
MIAMI BEACH FL 33139



700024875627

11/20/03--01002--019 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/28/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1022750	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	GARCIA, JOSE	108 8TH TERR, DILIDO ISLAND	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

FMR CORP.
C/O FORMOSO-MURIAS, P.A.
401 SW 27TH AVE
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name
JOSE GARCIA
Street Address (P.O. Box Number is Not Acceptable)
108 EIGHTH TERRACE, DILIDO ISLAND
Suite, Apt. #, Etc.
MIAMI BEACH
City
State
FL
Zip Code
33139-1224

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/11/2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE GARCIA

Date

11/11/2003

Daytime Phone #

786-261-8697

CR2E040 (7/03)