

1004000023673
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000076403

1. Corporation Name

BETANCOURT CONSULTING COMPANY

2. Principal Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

8th Floor

City & State

Miami, Florida

Zip

33131

Country

3. Mailing Office Address

19 West 34th Street

Suite, Apt. #, etc.

Suite 1121

City & State

New York, New York

Zip

10001

Country

FILED

04 JUL -8 AM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-17-04 01047 015 1,208.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/11/2000

5. FEI Number

20-1061652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BlumbergExcelsior Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

4435 Old Winter Garden Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32611

REINSTATEMENT 06/04

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

Marc Moel, REGISTERED AGENT MUST SIGN Asst. Secy.

Date

7/1/04

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
Pres	Karin Ostreicher	1221 Brickell Avenue	Miami, FL 33131

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06/17/04 01047 015 **1200.75

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARIN Ostreicher

Date

06/09/04

Daytime Phone #

800

466-9676