

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 29 AM 9:47

DOCUMENT # **P00000113764**

1. Corporation Name

**CONTINENTAL CONSULTING, INC.**

Principal Place of Business

Mailing Address

100 BAYVIEW DRIVE, #2119  
 SUNNY ISLES BEACH FL 33160

100 BAYVIEW DRIVE #2119  
 SUNNY ISLES BEACH FL 33160



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

17290 NE 19th Ave  
 NORTH MIAMI BEACH, FL  
 33162 USA

4. Date Incorporated or Qualified To Do Business in Florida

12/12/2000

5. FEI Number

65-1074397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip       |
|------------|-------------------------------------|--|----------------------------|
| PSD        | PALTEROVICH, MIKHAIL                | 100 BAYVIEW DRIVE, #2119                         | SUNNY ISLES BEACH FL 33160 |
|            |                                     |  |                            |
|            |                                     |  |                            |
|            |                                     |  |                            |
|            |                                     |  |                            |

600004685936-3  
 -11/16/01--01085--011  
 \*\*\*\*758.75 \*\*\*\*758.75

10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALMAN, MARTIN H  
 17290 N.E. 19TH AVENUE  
 NORTH MIAMI BEACH FL 33162

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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.

Signature of Registered Agent *[Signature]*  
 REGISTERED AGENT MUST SIGN

Date 10-15-01

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]* *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 10/15/01 Daytime Phone #

CR2E040 (8-01)