PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

DANTESS CONSULTING CORP. 2. Principal Office Address 5066 SW 162 AV. Suite, Apt. #, etc. City & State NIRAMAR, FL MIRAMAR, FL Ountry 3. Name and Address of Country 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable). Suite, Apt. #, etc. City Leave of Signature of Registered Agent of Iba.above geneed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Name Aleave of Each Officer and/or Director (Florida nonprotit corporations must list at least 3 directors) Name And Street Addresses of Each Officer and/or Directors Name Officer and/or Directors Street Addresses of Carrent Registered Signature of Country Count	FLEAGE	NEAD ALL INST	HOCHONS BEI ONE	COMIT EL 11	NG IIIG I	JITIVI.	
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State Zip Code SB SB SB SB SB SB SB S	Suite Art # Etc	o corai	, way s	1-6 -21			
8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 807.0503 or 617.0503, F.S. Signature of Registered Agent Agent Agent MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip PRESI- MARYLIN K LAMECK MIRAMAR FL 33027 MIRAMAR FL 33027	Guile, Apri. W, Etc.					<u> </u>	
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			Officer and/or Director		City / State / Zip		
10. Legrify that Lam 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 filling	PRESI- MARYLIN	K LAMECK	5066 SW 162 AV MIRAMAR FL 33027		MIRAMAR FL 33027		
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THE I WAR IN THE PROPERTY OF T	10. I certify that I am an officer or director	or or the receiver or trustee e	mpowered to execute this application	as provided for in ch	apter 607 or 617, F.S	i. I further certify that wh	nen filling

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

Dantess Consulting Corporation 5066 SW 162 Avenue Miramar, FL 33027 (954)392-0836

April 7th, 2004

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

RE: REINSTATEMENT OF DANTESS CONSULTING CORP.

I am writing this letter to reinstate my company: Dantess Consulting Corp. from 2002-2004 respectively. Unfortunately, I was not aware of the fees that I was supposed to pay yearly to the state of \$150.00. I was ill advised that it was a one-time fee and thereby paid the first time a company was created. Furthermore, I have moved to a new location since December 2002 as you may notice the change of address above; therefore, I missed all the letters you have sent to me via my old address of 14882 SW 18th Street, Miramar, FL. 33027.

I humbly apologize and would like to be exempted the penalty put forth by the State. I am enclosing a check of \$300.00 for the fees due for both last year and this year.

Sincerely,

Marylin Lameck

President

Dantess Consulting Corporation