

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000047124

1. Corporation Name

CONSULTING US, INC.

2. Principal Office Address

15295 S.W. 107TH LANE

Suite, Apt. #, etc.

1012

City & State

MIAMI, FL

Zip

33196-4545

Country

DADE

3. Mailing Office Address

15295 S.W. 107TH LANE

Suite, Apt. #, etc.

1012

City & State

MIAMI, FL

Zip

33196-4545

Country

DADE

REINSTATEMENT 02-04

200032750372

04/14/04--01048--001 **458.75

4. Date Incorporated or Qualified

To Do Business in Florida 5/10/2001

5. FEI Number

65-1126424

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

OSCAR CETRARO

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

15295 S.W. 107TH LANE

Suite, Apt. #, Etc.

1012

City

MIAMI

State

FL

Zip Code

33196-4545

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

Oscar Cetraro

REGISTERED AGENT MUST SIGN

Date 4/12/2004

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
P/D	OSCAR CETRARO	15295 S.W. 107TH LN, SUITE 1012	MIAMI, FL 33196-4545
S/D	ROSANNA CETRARO	15295 S.W. 107TH LN, SUITE 1012	MIAMI, FL 33196-4545

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)(l), 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:

Oscar Cetraro OSCAR CETRARO

4/12/2004

(305) 322-2407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

April 12, 2004

Messer's
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:


As per my telephone conversation with Ms. Martita today, enclosed please find the completed Corporation Reinstatement form, for CONSULTING US, INC.

As I've stated during our telephone conversation, we did not receive any correspondence for the renewal of the charter and/or dissolution notices.

I hereby request reinstatement of CONSULTING US, INC. corporation # P01000047124, FEI number 65-1126424 and as instructed, I am enclosing check # 602 in the amount of \$458.75 (*four hundred fifty eight dollars and 75/100*) for the 2002; 2003 and 2004 charter renewals and certificate issuance.

Thanking you in advance for your kind and prompt attention to our request, I remain.

Sincerely,


Oscar Cetraro

15295 S.W. 107th Lane, Suite 1012
Miami, FL 33196-4545

Enclosures: Renewal check # 602