## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORAT			S	DEPAR' Secretary	y of S			FILED
DOCUMENT # P02000087429  1. Corporation Name							- In	O7 OCT -8 PM 4:08  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
AMR INTERNATIONAL CONSULTING, INC.							10.	TALLAMASSEE, FEORIDA 200110533192 70970701028018 **1050.00	
	Office Addre	P.O. Box # O BLVD.	3. Mailing Office Address 4019 EL PRADO BLVD.			O BLVD.	RS	05-07 (CR2E081 (1/07)	
Suite, Apt. #	etc.		Suite, Apt. #, etc.					Date Incorporated or Qualified     To Do Business in Florida	
		OVE , FL					5. FEIN	Applied For Not Applicable	
<sup>zio</sup> 3313	33 DADE		<sup>Zip</sup> 33133		D/	ÄDE	6. CERTIF	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7- Name and Address of Current Registered Agent  Name ROMAN, ALFRED M  Street Address & P. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  State FL 33 133							cire	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date									
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 for Directors				Street Address of Each Officer and/or Director			or	City / State / Zip
P/S/T	ALFRED M. ROMAN				4019 EL PRADO BLVD			/D.	COCONUT GROVE FL 33133
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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 contained in Chapter 119, 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:

10-03-2007