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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000088407

03-05 Rei

CR2E081 (8/05)

1. Corporation Name
Advanced Consulting International Inc

2. Principal Office Address
5221 10th Av SW

Suite, Apt. #, etc.

City & State
Naples FL.

Zip 34116 Country Collier

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida Aug 12, 2002

5. FEI Number 52-2373289 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Raymond A Merrill

Street Address (P.O. Box Number is Not Acceptable) 5221 10th Ave SW.

Suite, Apt. #, Etc.

City Naples State FL Zip Code 34116

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10/10/05--01044--005 **8.75

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 _____ Date 10/4/05

REGISTERED AGENT MUST SIGN

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	Raymond Merrill	5221 10th Ave SW.	Naples, FL 34116

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: _____ 10/4/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Department of State
Corporation Reinstatement
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

To Whom It May Concern: I am asking that my 600.00 reinstatement fee be waived, as I never received my 2003 annual report notice. I would appreciate this. Thank you.

Raymond A Merrill
President

Advanced Consulting International, Inc