

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000090299

1. Corporation Name

CONSULTING ALLIANCE, INC.

Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD.
BLDG. #1-2104
MIAMI FL 33181

11111 BISCAYNE BLVD.
BLDG. #1-2104
MIAMI FL 33181

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROSENBAUM, MARCY	11111 BISCAYNE BLVD., BLDG #1-21	MIAMI FL 33181
VD	NIERENBERG, BARRY	11111 BISCAYNE BLVD., BLDG #1-21	MIAMI FL 33181

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENBAUM, MARCY
11111 BISCAYNE BLVD.
BLDG. #1-2104
MIAMI FL 33181

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Marcy Rosenbaum

REGISTERED AGENT MUST SIGN

Date

November 24, 2003

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:

Marcy Rosenbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

November 24, 2003

Daytime Phone #

305 401-6077



REINSTATEMENT 03

FILED

04 JAN -2 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR20040 (7/03)

Consulting Alliance
1111 Biscayne Blvd
Building One, Suite 1904
Miami FL 33181

Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

Dear Department of State,
I recently received a Notice of Administrative Dissolution from your office effective September 19, 2003.

I did not receive an Annual Report form from the State, and request that you reinstate Consulting Alliance's corporate status, and waive the reinstatement fee.

I am attaching a check for \$150.00 to cover the Annual Report Fee and the Corporate Supplemental Fee. Please send me a certification of status reinstatement letter.

Thank you.

Sincerely,


Marcy Rosenbaum

President

Consulting Alliance
1111 Biscayne Blvd.
Building 1 Suite 1904
Miami FL 33181

Telephone: 305 401-6677
Email: marcyconsult@aol.com