

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101579

1. Corporation Name

FCL Consulting Services
INC

000041903280
10/15/04--01061--013 **900.00

2. Principal Office Address

301 W. HALLANDALE Bch Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

301 W. HALLANDALE Bch Blvd.

Suite, Apt. #, etc.

City & State

HALLANDALE Bch, FL

City & State

HALLANDALE Bch, FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

9-19-02

5. FEI Number

83-0337862

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

ROZENC WAIG & FERRERO-CARR

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

301 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, Etc.

1000

City

HALLANDALE BEACH.

State

FL

Zip Code

33009

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-5-4

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/S T/D	FRANK E. LUMPY	301 W. HALLANDALE Bch Bldg HALLANDALE Bch, FL 33009	HALLANDALE Bch, FL 33009

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10-5-4

Daytime Phone #

286-306-0361

CR2E081 (01/04)

ROZENCWAIG & FERRERO-CARR

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FLORIDA 33009

LESLIE ALAN ROZENCWAIG, P.A.
ROSARIO FERRERO-CARR, P.A.

BRIAN ANDREW PFEIFER

BARRY S. YARCHIN, P.A.
OF COUNSEL

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October 8, 2004

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

RE: FCL Consulting Services, Inc. (the "Corporation")
Document No. P02000101519
Our Client File Number 0099(hh-1)

Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement as well as a check in the amount of Nine Hundred Dollars (\$900) representing the filing fee. Please process the same accordingly.

If you have any questions, please do not hesitate to contact me.

Cordially,

ROZENCWAIG & FERRERO-CARR

ROSARIO FERRERO-CARR, ESQ.

For the Firm

RFC/cv

Enclosures

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