**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 AM 9: 09

**DOCUMENT #** P02000134919

**1.** Corporation Name

STOTT & ASSOCIATES CONSULTING, INC. ***************FC PENDING

400129491094
05/14/08--01048--012  **1200.00
CR2E081 (12/07)

| **2.** Principal Office Address - No P.O. Box # | **3.** Mailing Office Address |
|---|---|
| 8970 Lake Park Cir | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State — Davie FL | City & State |

| Zip | Country | Zip | Country |
|---|---|---|---|
| 33328 | US | | |

**4.** Date Incorporated or Qualified To Do Business in Florida    12/24/2002

**5.** FEI Number    [✓] 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
Dara Stote

Street Address (P.O. Box Number is Not Acceptable)
8970 Lake Park Cir

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| Davie | FL | 33328 |

[ ] 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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____Dara Stote_____

REGISTERED AGENT MUST SIGN

Date 5/8/08

**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 | Dara Stote | 8970 Lake Park Cir | Davie FL 33328 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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: _____Dara Stote_____    5/8/08

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