

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 21 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800138167178
11/21/08--01023--010 **300.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 08/08/2006

5. FEI Number
20-3544885

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000132356

1. Corporation Name

EDUSUN CONSULTING GROUP, INC.

2. Principal Office Address - No P.O. Box #

6039 COLLINS AVE

Suite, Apt. #, etc.

APT # 431

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

USA

3. Mailing Office Address

6039 COLLINS AVE

Suite, Apt. #, etc.

APT # 431

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

USA

7. Name and Address of Current Registered Agent

Name

QUINTANA JOANNA

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

6039 COLLINS AVE

Suite, Apt. #, Etc.

431

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date 10/20/2008

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
PD	JOANNA QUINTANA	6039 COLLINS AVE # 431	MIAMI BEACH, FL. 33140

REINSTATEMENT
07-08

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:

JOANNA QINTANA

10/20/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #