

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 25 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073276**

1. Corporation Name

**MSA METHODOLOGY THE STATE OF THE ART
INC.**

2. Principal Office Address

2414 BERKSHIRE CT.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

Zip

34746

Country

N/A

3. Mailing Office Address

2414 BERKSHIRE CT.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

Zip

34746

Country

N/A

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1994

5. FEI Number

65-0527947

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

RUBEN D. TORO

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

7345 SAND LAKE RD. STE. 204

Suite, Apt. #, Etc.

204

City

ORLANDO

500004480705-0

-07/17/01-01056-003

*****1058.75 ***1058.75**

500004480705-0

-07/17/01-01056-004

*****150.00 ***150.00**

State

FL

Zip Code

32819

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

Ruben D. Toro
REGISTERED AGENT MUST SIGN

Date **04/18/01**

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
D P-S-T	PAULO G. GOMES	2414 BERKSHIRE CT.	KISSIMMEE FL. 34746
D	VANDA G. GOMES	2008 POLO CLUB DR. UNIT 202	KISSIMMEE FL. 34741
		REINSTATEMENT 98-01	
			W01000009472

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:

Paulo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/18/01 (407) 491-3892
Daytime Phone #