APPROVED
FILED
02 APR -3 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000003109

1. Corporation Name
CONSORTIUM 2000 LTD. INC.

W02-8181

REINSTATEMENT 98-CR

2. Principal Office Address	3. Mailing Office Address
1493-STONEWAY LANE	P.O. BOX 223544
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FLA.	City & State: WEST PALM BEACH, FLA.
Zip: 33417 Country: PALM BEACH	Zip: 33422 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: JAN. 9, 1995

5. FEI Number: 65-0551046-160812 ☐ 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: JOHN COLLINS

Street Address (P.O. Box Number is Not Acceptable): 1433- STONEWAY LANE

Suite, Apt. #, Etc.:

City: WEST PALM BEACH State: FL Zip Code: 33417

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: _____ Date: 3-07-02
REGISTERED AGENT MUST SIGN

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	JOHN COLLINS	1493-STONEWAY LANE	WEST PALM BEACH FLA. 33417

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1350.00 *~~300.00~~
1350.00

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: JOHN COLLINS 3-7-02 (561)327-5074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E061 (9/01)