

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 KATHLEEN H. HARRIS
 Secretary of State
 DIVISION OF CORPORATIONS

FILED 10/2

DOCUMENT # P95000061730
 1. Corporation Name
GOODMAN, OLORTEGUI CONSULTING, INC.

01 FEB 23 PM 2:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 870 BENTLEY GREEN CIRCLE
 WINTER SPRINGS FL 32708
 870 BENTLEY GREEN CIRCLE
 WINTER SPRINGS FL 32708
 ← SAME 938 Torrey Pine Dr.
 Winter Springs FL 32708



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 938 Torrey Pine Dr.
 Suite, Apt. #, etc.
 City & State
 Winter Springs, FL
 Zip 32708 Country USA

3. New Mailing Office Address, If Applicable
 938 Torrey Pine Dr.
 Suite, Apt. #, etc.
 City & State
 Winter Springs, FL
 Zip 32708 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
 08/10/1995

5. FEI Number
 59-3330348
 Applied For
 Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GOODMAN, L.	870 BENTLEY GREEN CIRCLE	WINTER SPRINGS FL 32708
V	GOODMAN, M.	870 BENTLEY GREEN CIRCLE	WINTER SPRINGS FL 32708
			200003796882--1 -03/05/01--01012--013 ****300.00 ****300.00 LS

8. Name and Address of Current Registered Agent
 GOODMAN, L.
 870 BENTLEY GREEN CIRCLE
 WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN
 Date 2/10/01

11. 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] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 L.V. GOODMAN

2/10/01 407-977-3901
 Date Daytime Phone #

CR2E040 (8/00)

2012

Goodman & Olortegui International

938 Torrey Pine Dr.
Winter Springs, FL 32708

(407) 977-3901
(407) 977-3986 fax

ljgoodman44@hotmail.com

TO: Division of Corporations

Form: Len Goodman

Re: Re-instatement of Corporation

Dear ?:


As per my phone conversation with your representative, I beg for mercy due to the fact that the annual report was sent to a prior address and I forgot to notify the state.

I would like to get back into compliance.

Please accept the belated filing and the \$ 300.

Also, please note the new address of record.

Thank you,



Len Goodman

President