

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 17 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030442

1. Corporation Name

RM Government Consulting, Inc.

2. Principal Office Address

200 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

200 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 1500

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0677353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

Michael H. Kru1

800005449798--9

-05/03/02--01052--004

***900.00 ***800.00

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

200 East Broward Boulevard

Suite, Apt. #, Etc.

Suite 1500

City

Fort Lauderdale

State

FL

Zip Code

33301

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

4-15-02

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,D	Michael H. Kru1	200 East Broward Boulevard Suite 1500	Fort Lauderdale, FL 33301
V,S T,D	Carl Schuster	200 East Broward Boulevard Suite 1500	Fort Lauderdale, FL 33301
VP AS	Mary Smallwood	215 S. Monroe Street	Tallahassee, FL 32301
VP AS	Bernice Cox	215 S. Monroe Street	Tallahassee, FL 32301
AS	David Lane	200 East Broward Boulevard Suite 1500	Fort Lauderdale, FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Kru1, President

04/15/02

Date

(954) 527-2428

Daytime Phone #

CR2081 (9/01)