

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

OCT 19 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068277

1. Corporation Name

Research and Evaluation Consultants

2. Principal Office Address

7815 Coral way

3. Mailing Office Address

same

Suite, Apt. #, etc.

111

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33155

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/96

5. FEI Number

65-0684886

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

Jose Manuel Companioni, Esq.

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

5905 SW 94th place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

[Signature]

Date

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
Pres	Loviana M. Novoa, Ed.D	7815 Coral way Ste 111	Miami, FL 33155

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***150.00 ***150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

Research and Evaluation Consultants, INC

7815 Coral Way, Suite 111

Miami, Florida 33155

305 267 1666

305 267 1670

October 12, 2001

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

RE: Research and Evaluation Consultants, INC
FEID: 65-0684886

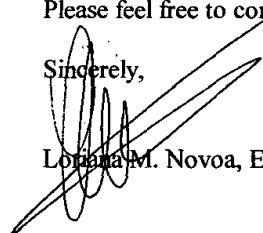
To Whom It May Concern:

We have just become aware that our corporation, **Research and Evaluation Consultant** (FEID: 65-0684886), is inactive. We moved in April and completed a "change-of-address" form, but it appears that our corporation papers were misplaced or not forwarded.

We spoke to one of your attendants who suggested that we request consideration for re-activation without the penalties involved given our lack of knowledge regarding this paper. Please note our history of compliance in your process of evaluating our request. We are including the required form as well as the monies suggested be sent by your office.

Please feel free to contact us should you have any further questions regarding this matter.

Sincerely,


Lorraine M. Novoa, Ed.D.