PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

* APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE P96000097422 00 NOV 22 AM 10: 39 DOCUMENT # 1. Corporation Name ABDIEL ORTIZ CONSULTANTS INC. Mailing Address Principal Place of Business 2121 W. RAMBLA ST. 2121 W. RAMBLA ST. **TAMPA FL 33612 TAMPA FL 33612** REINSTATEMENT99-0 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11/25/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. CARDIFF 5. FEI Number Applied For 12410 59-3413339 City & State Not Applicable FlonDA TAMPA \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Title(s) PD. ORTIZ, ABDIEL 2121 W. RAMBLA ST. **TAMPA FL 33612** ORTIZ. ELSA M 2121 W. RAMBLA ST. **TAMPA FL 33612** D 2121 W Rambla St langer FL. 33612 4NORES VELEZ 700003497277-- -12/12/00--01069--022 ****908.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ORTIZ, ABDIEL 2121 W. RAMBLA ST. **TAMPA FL 33612** Zip Code State 33625 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. IRE REQUIRED Signature of Registered Agent REGISTERED AGENT MUST SIGN 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

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2000 (813)969-39 43

FILED