PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 FEB 12 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007046

1. Corporation Name

FLORIDA CONSULTANT PARTNERS CORP.

Principal Place of Business	Mailing Address
C/O 5801 PELICAN BAY BLVD SUITE 300 NAPLES FL 34108-2709 US	C/O 5801 PELICAN BAY BLVD SUITE 300 NAPLES FL 34108-2709 US

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

REINSTATEMENT 00-04

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/1997 SP

5. FEI Number: 65-0724213 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $7.00 Additional Required for Certificate

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VTS	SCHWAEGLER, HANS-JURGEN	TAUNUSBLICK 16	D-61479 SCHLOSSBORN GERMANY
PD	SCHWAEGLER, BRIGITTE	TAUNUSBLICK 16	D-61479 SCHLOSSBORN GERMANY
			400003745514--0 -02/21/01--01065--031 ****750.00 ****750.00
			400003245514--0 -02/21/01--01065--032 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

JAENSCH, PETER J
5801 PELICAN BAY BLVD
SUITE 300
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name: Dixon F. Miller, Esq.
Street Address (P.O. Box Number is Not Acceptable): 5801 Pelican Bay Blvd.
Suite, Apt. #, Etc.: Suite 300
City: Naples State: FL Zip Code: 34108

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] Date: 2/9/01
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: B. Schwaegler Brigitte Schwaegler President, Director 4.1.2001 6174.966060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #