

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033004

1. Corporation Name

FINANCIAL CONSULTING ASSOCIATES, INC.
10400 N.W 33rd STREET
SUITE 210
MIAMI, FLORIDA 33172

2. Principal Office Address

10400 N.W 33rd STREET

3. Mailing Office Address

Suite, Apt. #, etc.

210-

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip 33172

Country U.S.

Zip

Country

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

4/11/1997

5. FEI Number

52-234-6829

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

CARIDAD CARDOSO

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

10400 N.W 33rd STREET

Suite, Apt. #, Etc.

SUITE 210

City

MIAMI

State
FL

Zip Code
33172

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

Date 10/10/2001

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
CHAB	Caridad Cardoso	10400 N.W 33rd STREET	MIAMI, FLA 33172
PRESS	Carlos A. Maldonado	10400 N.W 33rd STREET	MIAMI, FLA 33172
V-PRS	Victoria E. Pinillos	10400 N.W 33rd STREET	MIAMI, FLA 33172
SECT	Heriberto C. Perez	10400 N.W 33rd STREET	MIAMI, FLA 33172
TREAS	Carlos A. Maldonado	10400 N.W 33rd STREET	MIAMI, FLA 33172

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 #

10/10/2001 305-968-2498