

P97 000034674

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 12 PM 2:13

2001-2002

DOCUMENT # P97000034674

1. Corporation Name
ENS CONSULTING, INC.

wh 12/12

2. Principal Office Address
8500 S.W. 8TH STREET

3. Mailing Office Address
SAME

400009502914
12/13/02--01043--001 **900.00

Suite, Apt. #, etc.
#228

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
4/17/97

City & State
MIAMI, FLORIDA

City & State

5. FEI Number
65-0745182

Applied For
Not Applicable

Zip
33144

Country
U.S.A.

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
EMILIANO HERRAN
Street Address (P.O. Box Number is Not Acceptable)
8500 S.W. 8TH STREET
Suite, Apt. #, Etc.
#228
City
MIAMI
State
FL
Zip Code
33144

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 12/9/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.V.P.S.T.	EMILIANO HERRAN	8500 S.W. 8TH STREET #228	MIAMI, FL 33144

REINSTATEMENT 2001-2002

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: EMILIANO HERRAN Date 12/9/02 Daytime Phone # 305-767-0533

CR2001 (10/01)