PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	uen
REINSTATEMEN	T

REINSTATEMENT		Sandra B. Mo Secretary of DIVISION OF CORPO	ortham State	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # P9700056565			01 APR 13 PM 1:32				
REPLACEMENT	COM	SULTANTS	, I RIC.				
Principal Place of Business 6601 LYONS ROAD	D10 6	ng Address					
COCONUT CREEK, FL 33073	-	CO NUT	ススハコス				
New Principal Office Address, If Applicable	dresses are incorrect in any way, line through incorrect information and enter correction below. cipal Office Address, If Applicable 3. New Mailing Address, If Applicable			DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			.5. FEI Numbe	1		Applied For
City & State	& State City & State				0764474	- 📑	Not Applicable
Zip Country	Zip	Count	ry .	6. CERTIFICAT	E OF STATUS DESIRED		nal Fee required cate of Status
7. Names and Street Addresses of Each Officer				 _			
	Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Office Box N				City	/ State / Zip	
PD MARC ROBBINS	>	6601 L	HOURD D	10	COCONUT		K, FC
VPTD TOM SIND		6601 L	yous rd	D10	COCONUT	CR 28	K, FC
				<u> </u>	3000040 04/23/4 ****450	<u> </u>	3:9 7 11005 **450.00
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						ļ)
8. Name and Address of Curr	ent Registered Ag	ent		9. Name and A	Address of New Registers	ed Agent	
MARC ROBBINS	~	<u> </u>	Name	PASS	ARIELLO	CPA	£
6601 LYOUS ROAD 010 Street Address (P.			O. Box Number	is Not Acceptable)	J		
COCONUT CREEK	m 3	3073	Suite, Apt. #, Etc.				
	, 		City FORT	LAUDE	EDALE F	ate Zip Code	3309
10. I, being appointed the registered agent of the Signature of Registered Agent	Sin	oration, am familiar w	ith and accept the ob	ligations of Secti	on 607.0505, F.S.	>/	
11. Does this corporation pa Dept. of Revenue under			ne utes. Yes	No [(See other on in	side for informitangible tax.)	ation
12. I do hereby certify that the information suppli lease the Division of Corporations from any li	ed with this filing is	voluntarily furnished	and does not qualify 9.07(3)(k) in the ever	for the exemption	n stated in Section 119.07	(3)(k), Florida :	Statutes. I re-

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., and that all fees owed by the corporation have been paid. 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 PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



April 11, 2001

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Re: Replacement Consultants, Inc.

Gentlemen,

I am writing as the President of the above referenced company. Enclosed is our check number 1616 for \$450.00 for reinstatement. On behalf of the company I respectfully request that the penalty for not filing be abated because of the following:

We have not filed our annual report because we moved and never received the new form in 1999. This is the first company the owner's have ever owned and we were unaware of the annual filing requirement. Therefore we never knew that we were in violation of the law. I assure you that had we known or had we received the form, we would have filed, and in the future, now that we are aware of the law, we will always file timely. We apologize for any inconvenience this has caused and again respectfully request that you abate the penalty and reinstate our company.

We thank you for your consideration and understanding in this matter. If you have any questions, please contact us.

Very truly yours,

Marc Robbins