


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099767

1. Corporation Name

ETOA CONSULTING, INC.

Principal Place of Business

2530 MEADOWVIEW CIRCLE
WINDERMERE FL 34786

Mailing Address

2530 MEADOWVIEW CIRCLE
WINDERMERE FL 34786



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/15/1997	
Suite, Apt. #, etc. 421 E. CENTRAL BLVD. #1207		Suite, Apt. #, etc. 421 E. CENTRAL BLVD. #1207		5. FEI Number 59-3479108	
City & State ORLANDO, FL		City & State ORLANDO, FL		Applied For Not Applicable	
Zip 32801	Country USA	Zip 32801	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D P S T	VANDENBRINK, PAUL P	2530 MEADOWVIEW CIRCLE 421 E. CENTRAL BLVD. #1207	WINDERMERE FL 34786 ORLANDO, FL, 32801
			400003449084--3 -11/02/00--01078--005 ****750.00 ****750.00

REINSTATEMENT 00.78

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GOLDER, GEORGE A. 315 E. ROBINSON STREET SUITE 600 ORLANDO FL 32801	Name PAUL VANDENBRINK Street Address (P.O. Box Number is Not Acceptable) 421 E. CENTRAL BLVD. #1207 Suite, Apt. #, Etc. 2530 MEADOWVIEW CIRCLE City ORLANDO, FL State FL Zip Code 32801

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


REGISTERED AGENT MUST SIGN

Date 10/15/00

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/00

Daytime Phone #

321 217 3097

CR2E040 (8/00)