	PLEASE READ	ALL INST	_		COMPLET	NG THIS FO	PRM Lufz		
AP	ACAYON FOR	FORDA	Kan erine Ha		DQX	- 1 street p.C. str.	110101	$\boldsymbol{\omega}$	
REINSTATEMENT DIVISION OF CORPORATIONS									
DOCUMENT # P97000106584 1. Corporation Name					00 APR 26 PM 2: 25				
LITIGATION CONSULTANTS ASSOCIATION, INC.					SEGRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address					1		IN EGINDA		
SÙITE FT LAU	OUTHEAST 3 RD AVENUE 205 JDERDALE, FL 33316 ddresses are incorrect in any way, line thr	OUTHEAST 3 ^{RO} AVE 205 IDERDALE, FL 33:	316	2000032368027 -05/03/0001062015 ****150.00 ****150.00					
	ncipal Office Address, If Applicable	ng Office Address, If N. Federal	Applicable	Date Incorporated or Qualified To Do Business in Florida 01/01/1998					
Suite, Apt.	#, etc.	350 5. FEI Num			per Applied For				
City & State City & State			no Beach, Fl 65-0			<u>25,6108</u>		Not <u>Applicable</u>	
Zip ————	Country	^{zio} 330	64 US	<u> </u>	<u> </u>	OF STATUS DESIRED		cate of Status	
7. Names a Title(s)	Names and Street Addresses of Each Officer and/or Director (Flor Name of Officers and/or Directors			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip		
	PD AUMICK, FREDRICK S			700 SOUTHEAST 3 RD AVENUE			FT LAUDERDALE FL 33316		
VD	ALLISON, LEONA	700 SOUTHEAST 3 RD AVENUE			FT LAUDERDALE FL 33316				
SD	FAUSS, DAVID	700 SOUTHEAST 3 RD AVENUE			FT LAUDERDALE FL 33316				
πξ	SUCHOCKI, JACK	700 SOUTHEAST 3° AVENUE 470! N. Federal Hwy. Suite 350			FILAUDERDALE FL 33316- Pompano Beach, FL 33064				
7		. 2			2000032368027 -05/03/0001062016 ****150.00; ****150.00				
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
Name					ohn Suchocki Tess (P.O. Box Number is Not Acceptable)				
343 AI	ILAWYER LMERIA AVENUE _ GABLES FL 33134	Suite, Apt. #, Etc. 350				CR2E061			
10. I, being appointed the registered agent of the above named corporation, am tam				Pompano Beach State Zip Code FL 33064					
10. I, being Signature o Registered	of Agent S		ENT MUST SIGN	min and accept the c		Date _2/-	1/00		
	is corporation owes the angible Personal Prope			Yes	□ No E		other side for information on intangible tax.)		
this rein	r that I am an officer or director or the recenstatement application, the reason for dissy the corporation have been paid and the application is true and accurate, and my si	olution has been names of individ	eliminated, the corp uals listed on this fol	orate name satisfies rm do not qualify for	s the requirements r an exemption uni	of section 607,0401 (or 617.0401, F.S.,	that all rees	
SIGNA	TURE: SIGNATURE AND TYPED OR PR	INTED NAME OF S	Jahn BIGHING OFFICER OR	L Su	chocki	2/7/00 Date	954 - 941 Daytime Phon	م <u>355</u> و۔	



Feb. 7, 2000

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

John Suchocki 4701 N. Federal Hwy. Suite 350 Pompano Beach, FL 33064

REF: Corporation reinstatement

Dear Sirs:

Please be advised that I, as Secretary, of Litigation Consultants Association, Inc. have not received any mailings, notices or correspondence of any kind from any agency of the State of Florida for the entire calendar year of 1999. I only became aware of the late filing for the 1999 Corporate Report when the Notice of Cancellation was forwarded to me.

Enclosed is a check, as directed, for \$150.00 along with an Application for Reinstatement. If you have any questions or require additional information please call me at (954) 941-2356 at any time.

Thank you for your assistance in this matter.

John L Suchocki

Treasurer, LCA

JLS/zb

Enclosure