

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 AM 10:10

DOCUMENT # P98000003355

1. Corporation Name

LERA CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

532 MOKENA DRIVE
MIAMI SPRINGS FL 33166

532 MOKENA DRIVE
MIAMI SPRINGS FL 33166



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable <u>5245 N.W. 36th ST.</u> Suite, Apt. #, etc. <u>#209</u> City & State <u>Miami Springs, Florida</u> Zip <u>33166</u> Country <u>DADE</u>	3. New Mailing Office Address, If Applicable <u>5245 N.W. 36th ST.</u> Suite, Apt. #, etc. <u>#209</u> City & State <u>Miami Springs, Florida</u> Zip <u>33166</u> Country <u>DADE</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>01/09/1998</u>
5. FEI Number <u>65-0809267</u>		Applied For Not Applicable
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	LERA, MARTHA	532 MOKENA DRIVE	MIAMI SPRINGS FL 33166
VPD	LERA, MARTHA	532 MOKENA DRIVE	MIAMI SPRINGS FL 33166

300003447693-4
-11/01/00--01103--004
****750.00 ****750.00

JR 10/27

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LERA, MARTHA 532 MOKENA DRIVE MIAMI SPRINGS FL 33166	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

CR2E040 (8/00)

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 *Martha Lera* **SIGNATURE REQUIRED** Date 10-10-00
REGISTERED AGENT MUST SIGN

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: *Martha Lera* **SIGNATURE REQUIRED** Date 10-10-00 (305) 885-9851
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
MARTHA LERA