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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 13 PM 3:55

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/07)

DOCUMENT #

1. Corporation Name
P98000033552
BLAIR DOUGLAS RUSSELL CONSULTING, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11 Island Ave	11 Island Ave
Suite, Apt. #, etc. 703	Suite, Apt. #, etc. 703
City & State Miami Beach	City & State Miami Beach, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/13/1998

5. FEI Number 65-0829792 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BLAIR D. RUSSELL
Street Address (P.O. Box Number is Not Acceptable): 11 Island ave.
Suite, Apt. #, etc.: 703
City: Miami Beach State: FL Zip Code: 33139

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _____ Date: May 12/2008
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BLAIR D. RUSSELL	11 ISLAND AVE. 703	MIAMI BEACH, FL 33139
			TS 5/13/08
			05-08

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 incumbents listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X _____ May 12/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

BLAIR DOUGLAS RUSSELL CONSULTING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,208.75