PLEASE R	EAD ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.
APPLICATION FOR REINSTALLMENT	FL COAFFATE VISIO COA	N OF STATE  State  State  State	
DOCUMENT # P98000035858			
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA
JOHN GALT CONSULTING CORP.			
Principal Place of Business	Mailing Address		2 1886/1886 HIR SRIAN SOUN BONN BONN BOND SHÈR BYTH (BYR) SHOT SHE
955 WEST LANCASTER RD.,STE.336 ORLANDO FL 32809-5868	955 WEST LANCASTER RDSTE.33 ORLANDO FL 32809-5868	96	
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 7 (1) 5. Of Avia Colosso m (A) 76 (1) 5. Office Address, If Applicable 5. Of Avia Colosso m (A) 76 (1) 5. Office Address, If Applicable 7 to Do Business in Florida 04/20/1998  Suite, Apt, #, etc.			
	ficer and/or Director (Florida nonprofit corpora	stions must list at lea	
Title(s) and/or Direct	ctors 0	Micer and/or Director	or City / State / Zip
D MUNIZ, JAMES G55_WEST LANCASTER RD., STE.338 ORLANDO FL 32809			
D Rutledge, De	ouglas J 7611 8.0	Range Bloss	som TR. Oclando, FL 32809
C Name and Address of	A Desired Agents	<del></del>	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent  Mes Muniz
RUTLEDGE, DOUGLAS J 955 WEST LANCASTER RD.,STE.336 ORLANDO FL 32809-5868 Sizeet Ac Sizeet Ac Sizeet Ac Public Ac Sizeet Ac Siz			(P.O. Box Number is Not Acceptable) S. ORANGE ENDARGOM TRAIL  9
Chy Orlando State 21p Code 32809			
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 Pate Name Agent Registered Registered Agent Registered Reg			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SYNING OFFICER OR DIRECTOR Dele Dayline Phone #			



John Galt Consulting Corp.

7611 South Orange Blossom Trail, PMB 145, Orlando, FL 32809

December 6, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: John Galt Consulting Corp. DOC# P98000035858

To Whom It May Concern:

We are in receipt of the Certificate of Administrative Dissolution or Revocation for our Company. This is the one and only notice we did receive. After calling your offices in determining why this had occurred, we discovered that the Federal Employer ID number was not provided.

Mr. Tyrone Scott of your office said to send a letter explaining the situation including a request for an abatement of any fees necessary for reinstatement. As such, we would like to request that you waive our fees for reinstatement given the provided circumstances.

Attached is our application for reinstatement. In addition, we have provided a copy of the check paid for the 1999 Annual Report with a bank statement copy of the check clearing the account.

Thank you for your cooperation in this matter. We apologize for any inconvenience this may have caused. If you should have any questions please feel free to call me at (407) 240-6542.

Best Regards /

James Muniz

Director

John Galt Consulting Corp.

Attachments: 3

JM/jm