

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 16 AM 8:38

DOCUMENT # P99000004662

**1. Corporation Name**

I, T. Professional Consultants  
9035 SW 21 Terr.  
Miami, FL 33165

300004036953--7  
-04/20/01--01131--006  
\*\*\*908.75 \*\*\*908.75

**2. Principal Office Address**

9035 SW 21 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

U.S.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

33165

Country

U.S.

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/15/1999

**5. FEI Number**

65-0887454

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Aileen Nuñez

Street Address (P.O. Box Number is Not Acceptable)

9035 SW 21 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/1/01

**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
Pres.	Modesto Tony Nunez	9035 SW 21 Terr.	Miami, FL 33165
V.Pres.	Aileen Nuñez	9035 SW 21 Terr.	Miami, FL 33165

**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 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 SIGNING OFFICER OR DIRECTOR

3/22/01  
Date

305/2797944  
Daytime Phone #

CR2001 (9/99)