PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS	RPORATI	ENT			DIV	Secreta ISION OF	ry of Sta	ate	ATE	05 _ Տե <i></i> (APR - 7	PM 5	:51			
•• Corpora	JMENT tion Name Sales Con	,	-	000	20141	90			ŗ	IALL NEUN		EE, FLO		02	20	5
2. Principal Office Address 4018 Glen Garry Rd., E				3. Mailing Office Address 4018 Glen Garry Rd., E					. (J.≿∋.J., (J.) ∧	(1) <u>a</u> c						
Suite, Apt. #, etc. Suite,					Suite, Apt. #	t. #, etc.				4. Date Incorporated or Qualified						
City & State Lakeland, Florida					City & State Lakeland, Florida				To Do Business in Florida 2/12/1999 5. FEI Number Applied For 59-3556706 Not Applicable							- - -
Zip Country US US			<i>'</i>		Zip 33813-16	633 ·	Country US			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status						-
					7.	Name and	Address o	of Current R	legister	ed Agent	•					_
	Name Robert Damoiseau									400054222214 05/10/0501077005 **600.00						
	Street Address (P.O. Box Number is Not Acceptable) 4018 Glen Garry Rd., E										J Z Uʻ ʻ3==1	111144	· <u>UUS **</u>	ibuu.	JU	
	Suite, Apt.	#, Etc.	<u> </u>													
	City Lakeland										State FL	Zip Code 33813-				
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 REGISTERED AGENT MUST SIGN													CR2E081 (01/05)			
9. Names	and Street A	ddresses	of Each C					ations must	list at lea	ast 3 directors)						1
Titles	Name of Officers and/or Directors					Str	Street Address of Each Officer and/or Director			City / State / Zip					1	
Р	Robert Damoiseau					4018	4018 Glen Garry Rd., E			Lakeland, Florida 33813-1633						
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this rein owed b	nstatement ap by the corpora	plication, tion have	the reaso been paid	on for diss d and the	olution has bee	en eliminate iduals listed	d, the corp on this for	orate name m do not qua	satisfies alify for a	provided for in o the requirement an exemption u r oath.	its of sectio	1 607.0401 c	or 617.0401, F	.S., that al	ll fees	
SIGNATURE: 3/2 8/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																
L																_

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R & D Sales Consulting, Inc. 4018 Glen Garry Rd. E Lakeland, FL 33813-1633

March 28, 2005

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

EIN #: 59-3556706

Forms: Uniform Business Report

Dear Sir or Madam:

Please find enclosed an application for corporation reinstatement. As you will see the last time our corporation filed its Uniform Business Report was 2001. Unfortunately, we never received a postcard reminder in the mail. We are asking that you waive the actual reinstatement fee of \$600.00 due to this mishap. Along with our application for reinstatement, we are including a check in the amount of \$600.00. Please accept this amount as full payment. Thank you for your time.

Please update your records accordingly.

Sincerely,

Robert Damoiseau