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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -7 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014140

REINSTATEMENT 0205

1. Corporation Name
R & D Sales Consulting, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
4018 Glen Garry Rd., E		4018 Glen Garry Rd., E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland, Florida		City & State: Lakeland, Florida	
Zip: 33813-1633	Country: US	Zip: 33813-1633	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 2/12/1999

5. FEI Number: 59-3556706 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Damoiseau

400054222214
05/10/05--01077--005 **600.00

Street Address (P.O. Box Number is Not Acceptable): 4018 Glen Garry Rd., E

Suite, Apt. #, Etc.:

City: Lakeland | State: FL | Zip Code: 33813-1633

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: Robert Damoiseau — Date: 3/28/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
P	Robert Damoiseau	4018 Glen Garry Rd., E	Lakeland, Florida 33813-1633

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: Robert Damoiseau — 3/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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