

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 12:54

DOCUMENT # P99000042196

1. Corporation Name

EAL CONSULTANT SERVICES, INC.

Principal Place of Business

Mailing Address

230 PALERMO AVENUE  
CORAL GABLES FL 33134

230 PALERMO AVENUE  
CORAL GABLES FL 33134



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 250 CATALONIA AVE Suite, Apt. #, etc. SUITE 706 City & State CORAL GABLES FL Zip 33134 Country USA		3. New Mailing Office Address, If Applicable 250 CATALONIA AVE Suite, Apt. #, etc. SUITE 706 City & State CORAL GABLES FL Zip 33134 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 05/10/1999	
5. FEI Number 45-0918721				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LYTTON, EDWIN A	13920 S.W. 73RD AVENUE	MIAMI FL 33158

900003440343--4  
-10/26/00--01053--005  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LYTTON, EDWIN L  
13920 S.W. 73RD AVENUE  
MIAMI FL 33158

Name Edwin A. Lytton	
Street Address (P.O. Box Number is Not Acceptable) 13920 SW 73 Ave	
Suite, Apt. #, Etc.	
City MIAMI	State FL
Zip Code 33158	

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/13/00

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 (305) 444 1048  
Date Daytime Phone #