

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000042196

1. Corporation Name

EAL CONSULTANT SERVICES, INC

REINSTATEMENT *02-03*

600023166306

10/07/03--01009--012 **150.00

600023166306

09/18/03--01020--004 **750.00

2. Principal Office Address

13920 SW 73 ave

Suite, Apt. #, etc.

3. Mailing Office Address

13920 SW 73 ave

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33158

Country

USA

Zip

33158

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 10, 1999

5. FEI Number

65-0910721

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

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

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

Edwin A. Lytton

Date *Sept 16/03*

REGISTERED AGENT MUST SIGN

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
<i>P</i> <i>Pres.</i>	<i>Edwin A. Lytton</i>	<i>13920 SW 73 ave</i>	<i>Miami FL 33158</i>

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:

Edwin A. Lytton

Edwin A. Lytton

09/16/03

(305) 234 3342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)