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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P99000043940</u>			
1. Corporation Name <u>REGULATORY CONSULTANTS INTERNATIONAL, INC.</u>			
2. Principal Office Address <u>c/o NRD</u> <u>24 WALTER MARTIN RD NE</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>SUITE 1</u>		Suite, Apt. #, etc.	
City & State <u>FT. WALTON BEACH, FL</u>		City & State	
Zip <u>32549</u>	Country <u>USA</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>05/10/1999</u>		5. FEI Number <u>59-3576347</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>LALONDE, S. ANN</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>10859 EMERALD COAST PKWY W.</u>			
Suite, Apt. #, Etc. <u>#1344</u>			
City <u>DESTIN</u>		State <u>FL</u>	Zip Code <u>32541</u>
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 <u>[Signature]</u>		Date <u>11-20-05</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>VOORHIES, COERTE A. III</u>	<u>26 INDOOR FORREST PLACE</u>	<u>WOODLANDS, TX. 77382</u>
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: <u>[Signature]</u>		Date <u>11-22-05</u> <u>7133975059</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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Nicholson, Reeder & Demski, P.A.
Certified Public Accountants

Larry E. Reeder, CPA
Patricia A. Demski, CPA
Diana S. Reynolds, CPA

24 Walter Martin Road, Suite 1
Post Office Box 1179
Fort Walton Beach, Florida 32549

Telephone (850) 243-3176
Facsimile (850) 244-6099

November 29, 2005

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

Reference: Regulatory Consultants International, Inc. - 2004 and 2005 Uniform Business Reports

Gentlemen:

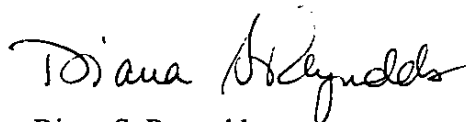
Attached you will find a Corporation Reinstatement form for the above referenced client and a check for \$300.00

Due to an oversight, our client did not file the 2004 and 2005 Uniform Business Reports. Previously, our client moved to a temporary location outside of Florida and the corporation's registered agent changed its address and had all correspondence sent to the mailing address of Emerald Coast MBE. However, when Emerald Coast MBE was purchased by the UPS Shipping Store, the registered agent failed to recall that the UBR notices were still being sent to Emerald Coast MBE which was no longer in business. Therefore, we are requesting that the reinstatement penalties be waived and that the enclosed check for \$300 be accepted as payment in full of the filing fee for both years.

Thank you for your prompt assistance in this matter. If you have any questions, please do not hesitate to contact us.

Sincerely,

NICHOLSON, REEDER & DEMSKI



Diana S. Reynolds
Certified Public Accountant

DSR/al

Enclosures

Corporation Reinstatement form
Check for \$300