

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

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

APPROVED  
AND  
FILED

**DOCUMENT # P99000088529**

1. Corporation Name  
**M.I.S. CONSULTING CORP.**

00 NOV 20 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

4045 NW 6TH STREET      4045 NW 6TH STREET  
 DEERFIELD BEACH FL 33442      DEERFIELD BEACH FL 33442



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/06/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0952216	
				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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARUCA, THERESA	4045 NW 6TH STREET	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATE CREATIONS ENTERPRISES, INC.		Name	
941 FOURTH STREET #200		Street Address (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33139		Suite, Apt. #, Etc.	
305 672 0686		City	
		State Zip Code	
		FL	

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 \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

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.

**SIGNATURE:** *Theresa Maruca* **10/23/00** **(954) 426-2620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E040 (8/00)

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10/25/00

To: Dept of State  
From: M/S Consulting Corp  
4045 NW 16 Street  
Deerfield Bk # 33142

I never received prior notice to pay the  
\$150. fee for my company until I  
received a notice of administrative  
dissolution or revocation.

I called your dept and they  
said just to mail \$150.00

Thank you  
Theresa Mauer, Pres.  
954 224 2024