PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

FILED
03 JAN 30 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088529

1. Corporation Name
M.I.S. Consulting Corp.

2. Principal Office Address	3. Mailing Office Address
3014 NW 25th Ave	9786 Napoli Woods Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State: Delray Beach, FL
Zip: 33069 Country: Broward	Zip: 33446 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: Oct. 6th 1999

5. FEI Number: 650952216 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☑ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporate Creations Enterprises, Inc.

Street Address (P.O. Box Number is Not Acceptable): 941 Fourth Street #200

Suite, Apt. #, Etc.:

City: Miami Beach State: FL Zip Code: 33139

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
President	Theresa Gigliotti	3014 NW 25th ave ~~Pompano Beach FL 33069~~	Pompano Beach FL 33069

100011201451
01/30/03--01024--003 **8.75

700011201317
01/30/03--01024--002 **300.00

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: Theresa Gigliotti Theresa Gigliotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 Date (954) 415 5670 Daytime Phone #

January 20, 2003

To: Florida Department of State

From: Theresa Giglioth
M.I.S. Consulting Corp.
FEI # 65 095 2216

Tele # (954) 415-5670

I am sending $150 check for 2002's annual report. I did not receive this form or any information until I just requested it and am sending this now to bring my company up to date.
Also is another $150 for 2003 so this is done in a timely manner.
Sorry if this created any difficulties and I'd like to thank you for helping me stay up to date.

Sincerely,

Theresa Giglioth

formerly: Theresa Maruca ← maiden name

* Sent Check totalled $300.00

* Requesting Certificates of Status