

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 JUL 17 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PO1000022668

1. Corporation Name

ANALYSTS 2000, INC.

2. Principal Office Address

1251 N.W. 20 ST

3. Mailing Office Address

1251 N.W. 20 ST

Suite, Apt. #, etc.

APT. 201

Suite, Apt. #, etc.

APT. 201

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33142

Country

U.S.A

Zip

33142

Country

U.S.A

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/2001

5. FEI Number

65-1079611

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

CURTIS COLLIN COLE

Street Address (P.O. Box Number is Not Acceptable)

1251 N.W. 20 STREET

Suite, Apt. #, Etc.

APT. 201

City

MIAMI

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

Date

July 13, 2006

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
P/T/D	CURTIS COLLIN COLE	1251 N.W. 20 ST., APT. 201	MIAMI/FL/33142
			B 7/20/04
			REINSTATEMENT 02 04
			600077823076
			07/21/06--01012--008 **758.75

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS COLLIN COLE

Date

7/13/2006

Daytime Phone #

305-324-0045

Curtis Collin Cole  
President/ CEO  
**Analysts 2000, Inc.**  
1251 N.W. 20th Street  
Apt. 201  
Miami, FL 33142  
(305) 324-0045

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

July 13, 2006

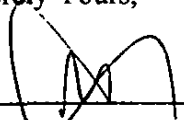
**To Whom It May Concern**

Dear Sir or Madam:

This letter accompanies my application for reinstatement of Analysts 2000, Inc. Since the date of incorporation March 5, 2001, I have moved and changed address several times and did not receive the 2002 notice sent to me at 850 N. Miami Ave, Apt. 206, Miami, FL 33136. The current address is as listed in the reinstatement form. As a result, I am asking if you would kindly waive the late reinstatement of \$600.00. Enclosed you will find the Corporation Reinstatement form and a check for Seven Hundred and Fifty-Eight Dollars and Seventy-Five Cents (\$758.75) to reinstate and bring the corporation current.

I had mailed out a previous application for reinstatement on May 5, 2006. I missed signing as the Registered Agent. The application was returned to the initial address and as a result I have not received it. If it is returned to you, please forward to the current address. Also, should you have the check #1060, please VOID and return. A replacement check is enclosed. Thanking you in advance for your assistance in the matter.

Sincerely Yours,

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Curtis Collin Cole  
President/ CEO