

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001250

1. Corporation Name

Axia Consulting Services, Inc.

2. Principal Office Address

12843 Butler Bay Court

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

3. Mailing Office Address

12843 Butler Bay Court

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

500023653985  
10/09/03--01005--004 \*\*750.00

4. Date incorporated or Qualified  
To Do Business in Florida

01/31/01

5. FEI Number

59-3693221

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

Belgram, Wenzel

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

12843 Butler Bay Court

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

*Wenzel Belgram*

REGISTERED AGENT MUST SIGN

Date October 4, 2003

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
CP	Belgram, Gayle	12843 Butler Bay Ct	Windermere, FL 34786
S	Belgram, Wenzel	12843 Butler Bay Ct	Windermere, FL 34786
T	Hickey, Robert	515 Via Del Oro #202	Altamonte Springs, FL 32714

REINSTATEMENT 03 TS

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:

*Wenzel Belgram*

Wenzel Belgram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/2003

Date

407-909-1977

Daytime Phone #

CR2E081 (10/02)