

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 20 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

DOCUMENT # F96000003089

1. Corporation Name  
ENGEL CONSULTING, INC.

Principal Place of Business	Mailing Address
250 E. ILLINOIS ROAD LAKE FOREST IL 60045 US	250 E. ILLINOIS ROAD LAKE FOREST IL 60045 US

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.		06/17/1996	
City & State		City & State		5. FEI Number	
Zip		Country		36-3800037	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 PDST	2 ENGEL, ANDRE L	3 187 N. RIDGE ROAD	4 LAKE FOREST IL 60045
	ENGEL, PAMELA T	187 N. RIDGE ROAD	LAKE FOREST IL 60045

000003455400--6  
-11/07/00--01076--023  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ENGEL, RONALD K <del>206 GOTTESMORE CIRCLE W</del> <del>LONGWOOD FL 32779</del>	Name: ENGEL, RONALD K. Street Address (P.O. Box Number is Not Acceptable): 5433 TWIN CREEKS DR Suite, Apt. #, Etc.: City: Valrico State: FL Zip Code: 33594

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: Ronald K. Engel Date: 10-16-00  
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: Ronald K. Engel Date: 10-16-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 847-295-8524

CR2E040 (8/00)