

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

04 OCT 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G30865

1. Corporation Name
FLEETWOOD CONSULTING SERVICES, INC.

2. Principal Office Address
904 LEE BOULEVARD

Suite, Apt. #, etc.
SUITE 109

City & State
LEHIGH ACRES, FL

Zip Country
33936 USA

3. Mailing Office Address
904 LEE BOULEVARD

Suite, Apt. #, etc.
SUITE 109

City & State
LEHIGH ACRES, FL

Zip Country
33936 USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida 03/24/1983

5. FEI Number
592329475

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
ROBERT G. MENZIES, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
850 PARK SHORE DRIVE

Suite, Apt. #, Etc.
THIRD FLOOR

City
NAPLES

State Zip Code
FL 34103

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 10/11/04

REGISTERED AGENT MUST SIGN

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
PST	MICK J. REGAS	1717 SOUTHEAST 46TH STREET	CAPE CORAL, FL 33904

000041951290
10/18/04--01095--017 **1050.00

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:

Mick J. Regas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/04

Date

(239) 369-2178

Daytime Phone #

CR2E081 (01/04)