

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037912

1. Corporation Name

2020 Financial Consultants, Inc.

2. Principal Office Address

2525 Ponce DeLeon Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

Zip

Country

REINSTATEMENT

FILED

06 DEC 26 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/1997

5. FEL Number

65-0747566

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

Martin L Scheckner

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

2525 Ponce DeLeon Blvd

Suite, Apt. #, Etc.

5th Floor

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

M L Scheckner

Date

12/20/06

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
PR	Martin L Scheckner	2525 Ponce DeLeon Blvd	Coral Gables, FL 33134

000092775750
12/25/06--01041--015 **450.00

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 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:

M L Scheckner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/06

Daytime Phone #

305-938-2309

2020 FINANCIAL CONSULTANTS, INC.
2525 PONCE DELEON BLVD
5TH FLOOR
CORAL GABLES, FL 33134
(305) 938-2309

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December 20, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

In Re: 2020 Financial Consultants, Inc.
Document Number P97000037912

To Whom It May Concern:

Please find enclosed form CR2E081 for the above described corporation as well as a check in the amount of \$450 for the years 2004-2006 inclusive. The taxpayer moved during 2003 And never received notification for filing annual reports from the State. Had such forms been received the taxpayer would have filed in a prompt and timely manner. The taxpayer apologizes for any inconvenience this may have caused the State of Florida and respectfully requests that the reinstatement fee be waived. All future forms will be filed in a timely manner.

Respectfully Submitted,



Martin L. Scheckner
Enclosure