

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN 16 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019903

1. Corporation Name

1836 CONSULTING CORP.

Principal Place of Business

Mailing Address

%NEIL A TELL
7567 IMPERIAL DR
BOCA RATON FL 33433

%NEIL A TELL
7567 IMPERIAL DR
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *OT*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/04/1997

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0734290

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TELL, NEIL A	7567 IMPERIAL DR	BOCA RATON FL 33433
V	TELL, ROCHELLE M	7567 IMPERIAL DR	BOCA RATON FL 33433
			500003576685--1 -01/26/01--01060--019 ****600.00 ****600.00
			500003576685--1 -01/26/01--01060--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

TELL, NEIL A
7567 IMPERIAL DR
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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

Neil A Tell **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-3-2000

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: *Neil A Tell* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-2000

Date

Daytime Phone #

CR2E040 (8/00)