

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

01 DEC 31 AM 11:45

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **999000018195**

1. Corporation Name

**BDA CONSULTING, INC**

2. Principal Office Address

**431 OLD MAIN STREET**

Suite, Apt. #, etc.

**SUITE 202**

City & State

**BRADENTON FL**

Zip

**34205**

Country

**US**

3. Mailing Office Address

**3710 W. PALMIRA AVE**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

Zip

**33629**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/24/99**

5. FEI Number

**59-3567955**

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

**Matthew Swezey**

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

**3710 W. PALMIRA AVE**

Suite, Apt. #, Etc.

**Tampa**

City

**TAMPA**

State

**FL**

Zip Code

**33629**

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

**[Signature]**

Date **11/26/01**

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
<b>PRES</b>	<b>MATTHEW SWEZEY</b>	<b>3710 W. PALMIRA AVE TAMPA, FL 33629</b>	<b>TAMPA FL 33629</b>

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:

**[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/26/01**

Date

**941-750-7450**

Daytime Phone #

**X203**

CR2E081 (9/00)

# BDA Consulting, Inc

December 27, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Due to my accountant's inability, I had never received the Uniform Business Report form, as my corporate address was invalid and the documents were never forwarded to me. Please accept this reinstatement form for BDA Consulting, Inc. Thank you for your attention in this matter.

Sincerely,

  
Matthew Swezey  
President

