

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05 000006089

1. Corporation Name

The Achievable, Inc.

FILED

08 OCT 16 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08
10/17

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 3270 Suntree Boulevard		3. Mailing Office Address 311 Crossways Park Drive	
Suite, Apt. #, etc. Suite 101A		Suite, Apt. #, etc.	
City & State Melbourne, Florida		City & State Woodbury, New York	
Zip 32940	Country USA	Zip 11797	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/22/2005	
5. FEI Number 02-0750847	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 FLORENCE MERCERON
REGISTERED AGENT MUST SIGN

Date 10/14/2008

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
PD	Timothy T. McCallan	311 Crossways Park Drive	Woodbury, NY 11797

300136987063
10/16/08--01049--001 **1058.75

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 officers or 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TIMOTHY T. MCCALLAN 10/14/08 631-940-2400