

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 15 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002676

1. Corporation Name

C.I. CONSULTING COMPANY

Principal Place of Business

Mailing Address

301 FRONT STREET  
NORFOLK VA 23510

301 FRONT STREET  
NORFOLK VA 23510

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/1994

Suite, Apt. #, etc.

800 WORLD TRADE CENTER

Suite, Apt. #, etc.

800 WORLD TRADE CENTER

FEI Number

54-1562189

Applied For

Not Applicable

City & State

Norfolk VA

City & State

Norfolk VA

Zip

23510

Country

NA

Zip

23510

Country

NA

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	O'LEARY, RICHARD	1300 BOTETOURT STREET	NORFOLK VA 23510
VT	MCLEROY, KEVIN	1224 SOUTHEY COURT	VIRGINIA BEACH VA 23464
SD	PAYNE, CHARLES	3357 HERON GATE	VIRGINIA BEACH VA 23462
			300002011873--0 -11/22/96--01010--007 ****375.00 ****375.00
			JBIF-20-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

TANYA M. VILLAR  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

11-1-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(f), 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 Typed or Printed Name of Signing Officer or Director

11-5-96 (757) 627-8000

Date

Daytime Phone #