

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F94000002676

1. Entity Name
C.I. CONSULTING COMPANY



FILED

2005 OCT 19 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 WORLD TRADE CENTER
NORFOLK, VA 23510

Mailing Address
800 WORLD TRADE CENTER
NORFOLK, VA 23510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number
54-1562189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORPORATING SERVICES, LTD
2855 APALACHEE PARKWAY
BLDG. A, SUITE 16
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

10/14/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME O'LEARY, RICHARD
STREET ADDRESS 1300 BOTETOURT STREET
CITY-ST-ZIP NORFOLK, VA 23510

TITLE O'LEARY, RICHARD - P/D ☒ Change ☐ Addition
NAME 421 W. Bute Street
STREET ADDRESS Norfolk, VA 23510
CITY-ST-ZIP

TITLE VT ☒ Delete
NAME MCELROY, KEVIN
STREET ADDRESS 1224 SOTHEBY COURT
CITY-ST-ZIP VIRGINIA BEACH, VA 23464

TITLE O'LEARY, BARBARA - VP/DIR ☐ Change ☒ Addition
NAME 421 W. Bute Street
STREET ADDRESS Norfolk, VA 23510
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PAYNE, CHARLES
STREET ADDRESS 3357 HERON GATE
CITY-ST-ZIP VIRGINIA BEACH, VA 23452

TITLE BABKA, DINA - GEN. MGR./DIR ☐ Change ☒ Addition
NAME 8799-B Tamiami Trail North
STREET ADDRESS Naples, FL 34108
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES E. PAYNE, SECRETARY

10/7/05

757-640-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/05