PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 OCT 25 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2002-05 Re

10/4/05 01010 006 -250.00

DOCUMENT # J37886

1. Corporation Name

AGM Consulting INC.

2. Principal Office Address	3. Mailing Office Address
1512 Scholar Ct.	Albstr. 17
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, Fl.	City & State: Wernau
Zip: 33971 Country: Lee	Zip: 73249 Country: Germany

4. Date Incorporated or Qualified To Do Business in Florida: 10/14/86

5. FEI Number: 65-027 85 87 — 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: Moeller, Guenter

Street Address (P.O. Box Number is Not Acceptable): 608 Gerald Ave.

Suite, Apt. #, Etc.: Apt. 211

City: Lehigh Acres | State: FL | Zip Code: 33936

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: _____ Date: 10-13-2005

REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

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
D	Moeller, Guenter	608 Gerald Ave. 211	Lehigh Acres 33936

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: _____ Moeller 10-13-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kurzmitteilung

[ ] For your signature

[ ] Please return to us

[X] Kindly acknowledge receipt

[ ] Please telephone

[ ] Your communication is acknowlged

[ ] For Your information

Division of Corporations
Attn: Michelle Milligan
P.O. BOX 6327, Tallahassee

FL 32314
USA

Datum 17/10/2005

Re: AGM Consulting Inc