

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAY 21 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 49769

1. Corporation Name

Florida Property Consultants, Inc

800036992308
05/21/04--01045--001 **1058.75

2. Principal Office Address

6570 Emerson Ave

Suite, Apt. #, etc.

South

3. Mailing Office Address

PO Box 12823

Suite, Apt. #, etc.

-

City & State

St. Petersburg, FL

City & State

St. Pete FL 33733

Zip

33707

Country

USA

Zip

33733

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida -

1986

5. FEI Number

59-2770398

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

Ricky E. Dunn

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

6570 Emerson Ave South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33707

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

Ricky E. Dunn

REGISTERED AGENT MUST SIGN

Date MAY 18, 2004

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
P	Ricky E. Dunn	6570 - Emerson Ave	St. Pete FL 33707
S	Same As Above		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricky E. Dunn President 5/18/04 727-421-4236

Date

Daytime Phone #

CR2E081 (01/04)