

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J60096

1. Corporation Name

ORCHID CONSULTING & MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

**225 COVE LANE
NAPLES FL 33940**

**225 COVE LANE
NAPLES FL 33940**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

96 NOV -7 PM 4: 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1987

5. FEI Number

58-1722575

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ENGELSTED, JOAN	225 COVE LANE	NAPLES FL
D	ALES, CHARLES	225 COVE LANE	NAPLES FL

**900002002889--1
-11/13/96--01108--006
***\$375.00 ***\$375.00**

8. Name and Address of Current Registered Agent

**ALES, CHARLES
225 COVE LANE
NAPLES FL 33940**

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/14/96**

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/96

Date

941 649-1929

Daytime Phone