

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01-000004166

1. Corporation Name

CONSORTIUM ONE CONNECTION'S, INCORPORATED

2. Principal Office Address

11013 LYDIA ESTATES DRIVE

Suite, Apt. #, etc.

N/A

City & State

JACKSONVILLE, FLORIDA

Zip

32218

Country

UNITED STATES

3. Mailing Office Address

11013 LYDIA ESTATES DRIVE

Suite, Apt. #, etc.

N/A

City & State

JACKSONVILLE, FLORIDA

Zip

32218

Country

UNITED STATES

REINSTATEMENT 02-05

1/24/05 01010025 358.75

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

6/14/2001

5. FEI Number

14-1845676

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

MRS. JOYCE CURRY

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

11013 LYDIA ESTATES DRIVE

Suite, Apt. #, Etc.

N/A

City

JACKSONVILLE

State

FL

Zip Code

32218

300046004069

02/07/05--01029--015 **61.5

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

Joyce Curry
REGISTERED AGENT MUST SIGN

Date JANUARY 28, 2005

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	MISS. LATONJA FANT	221 N. HOGAN STREET, SUITE 120	JACKSONVILLE, FLORIDA 32202
VP	MRS. JOYCE CURRY	11013 LYDIA ESTATES DRIVE	JACKSONVILLE, FLORIDA 32218
D	MRS. SARAH ALI	2107 N. MRYTLE STREET	JACKSONVILLE, FLORIDA 32209
T	MR. DENNIS CURRY	11013 LYDIA ESTATES DRIVE	JACKSONVILLE, FLORIDA 32218
M	MR. BILL ALI	2107 N. MRYTLE STREET	JACKSONVILLE, FLORIDA 32209
S	MR. ERIC LINER	221 N. HOGAN STREET, SUITE 120	JACKSONVILLE, FLORIDA 32202

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:

Latonia Fant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

904-955-0370

Daytime Phone #

CR2E081 (01/05)