

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005443

1. Corporation Name

Foreclosure Consulting Inc

2. Principal Office Address

1230 Abbey Crescent Lane

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33759

Country

United States

3. Mailing Office Address

1230 Abbey Crescent Lane

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33759

Country

United States

REINSTATEMENT 03

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

7/18/2002

5. FEI Number

05-0534266

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

William Fernandez

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

1230 Abbey Crescent Lane

Suite, Apt. #, Etc.

City

Clearwater, Florida

State

FL

Zip Code

33759

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

REGISTERED AGENT MUST SIGN

Date 12/02/2003

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
Pres	William Fernandez	1230 Abbey Crescent Lane	Clearwater, Florida 33759
Vice P	Becky Woodall	1230 Abbey Crescent Lane	Clearwater, Florida 33759

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)(f), 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:

WILLIAM FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03 727 422-6665

Daytime Phone #

CR2E081 (10/02)