PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG 30 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05893

1. Corporation Name
National Association of
Business Consultants, Incorporated

REINSTATEMENT 05-01

2. Principal Office Address		3. Mailing Office Address	
4752 Mile Stretch		9438 US Hwy 19	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		#-101	
City & State		City & State	
Holiday, FL		Port Richey, FL	
34690	Country U.S.A.	Zip 34668	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 10/29/84

5. FEI Number 59-2440865 ☐ 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

900004571539--9
-09/06/01--01020--013
****612.50 ****612.50

Name
Sandy Livingston

Street Address (P.O. Box Number is Not Acceptable)
13004 Dania Street

Suite, Apt. #, Etc.

City: Hudson | State: FL | Zip Code: 34667

8. I hereby certify that I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sandy Livingston
REGISTERED AGENT MUST SIGN

Date 8/27/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Christopher Bradley	13000 Dania Street	Hudson, FL 34667
V/T/D	Linda Kester	930 North Ohio Street	Greenville, OH 45331
S/M/D	Angela Wilson	7725 Ilex Drive	Port Richey, FL 34668
D	Allen Poindexter	7135 Beachdale Ct.	Port Richey, FL 34668
D	Stan Kistler	1725 Tumbleweed	Holiday, FL 34690

10. I hereby 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: Sandy Livingston SANDY LIVINGSTON 7/24/01 727-919-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sandy Livingston 8/27/01