

APPROVAL
AND
FILED

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 11 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000003833

1. Corporation Name

Satchwell Consulting, Inc.

2. Principal Office Address

7921 East Drive

Suite, Apt. #, etc.

11

City & State

North Bay Village, Florida

Zip

33141

Country

USA

3. Mailing Office Address

92 Stony Brook Road

Suite, Apt. #, etc.

City & State

Hopewell, New Jersey

Zip

08525

Country

USA

000057285300

REINSTATEMENT

03-05

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

1/12/2000

5. FEI Number
650973614

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Carla Lohi

Carla Lohi

Asst. Vice President

Date

7-11-05

REGISTERED AGENT MUST SIGN

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.	Brady Satchwell	92 Stony Brook Rd	Hopewell / New Jersey / 08525

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

BRADY SATCHWELL

07/07/2005

Date

609-937-1207

Daytime Phone #

CR2E081 (01/05)



CORPORATION SERVICE COMPANY

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 472535 7493628

AUTHORIZATION

Patricia Pigute

COST LIMIT : \$ 1058.75

ORDER DATE : July 8, 2005

ORDER TIME : 10:02 AM

ORDER NO. : 472535-005

CUSTOMER NO: 7493628

CUSTOMER: Mr. Brady Satchwell
Satchwell Consulting, Inc.
92 Stony Brook Road

Hopewell, NJ 08525

DOMESTIC FILINGS

NAME: SATCHWELL CONSULTING, INC.

RECEIVED
05 JUL 11 PM 12:46
DIVISION OF CONFIGURATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext# 2935

EXAMINER'S INITIALS _____