

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000015258

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** THARP CONSULTING INC.

**Current Principal Place of Business:**

2155 ELMCREST PLACE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2155 ELMCREST PLACE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3635228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THARP, GENE  
2155 ELMCREST PLACE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** GENE THARP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** THARP, GENE  
**Address:** 2155 ELMCREST PLACE  
**City-St-Zip:** OVIEDO, FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** GENE THARP

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/23/2010

\_\_\_\_\_  
Date