

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000039256

1. Corporation Name

INDUSTRIAL CONSULTING, INC.

Principal Place of Business

Mailing Address

6195 West 18 Avenue
Suite #G-228
Hialeah, Florida 33012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1004494

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Alfonso Alvarez	6195 West 18 Ave., #G228	Hialeah, FL 33012

700004706057--2
-12/05/01--01053--018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Alfonso Alvarez
6195 West 18 Avenue
Suite G-228
Hialeah, FL 33012

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Alfonso Alvarez REGISTERED AGENT MUST SIGN

Date 11/8/01

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

11/8/01

Date

Daytime Phone #

305-710-8974

282

November 7, 2001

Department of State
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Industrial Consulting, Inc.

Gentlemen:

Enclosed please find our check for \$150.00 and the uniform business report. We respectfully request that the reinstatement fee be waived. As you can tell, the business moved subsequent to incorporating and the post office failed to forward the report as requested by us. We never received the annual report due to the change of location. This is a small, family business and your consideration is greatly needed.

Very truly yours,

INDUSTRIAL CONSULTING, INC.



Alfonso Alvarez, President

