

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049718

1. Corporation Name

BIANCHI CONSULTING INC.

Principal Place of Business

14107 BARONESS CT.
ORLANDO FL 32828

Mailing Address

14107 BARONESS CT.
ORLANDO FL 32828

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2000

5. FEI Number

59-3648368

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	BIANCHI, CAROLINA	14107 BARONESS CT.	ORLANDO FL 32828

8. Name and Address of Current Registered Agent

BIANCHI, CAROLINA
14107 BARONESS CT.
ORLANDO FL 32828

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Carolina Bianchi
REGISTERED AGENT MUST SIGN

REQUIRED

Date

10-30-02

11. 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:

Carolina Bianchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

Daytime Phone #

107-416-6725

CR2E040 (8/02)



October 29, 2002

Department of State
Division of Corporations
P.B. Box 6327
Tallahassee, Florida 32314

RE: Corporation name: Bianchi Consulting Inc.
Document No. P00000049718

Dear Secretary of State:

I am writing this letter in regards to the Notice of Administrative of Dissolution package I received in the mail.

This was the first time I received this package for Bianchi Consulting Inc. I would like to respectfully request a waiver of the Reinstatement fee of \$600 due to not receiving package prior to this date. The only statement we received was for Heavenly Snacks which we promptly paid the fee of \$50.

Please find my attached check for \$150.00 to renew my Corporation.
Thank you in advance regarding this most important matter.

If you have any questions regarding the above please contact me at 407-273-7879.

Sincerely,

Bianchi Consulting Inc.
Carolina Bianchi
President