


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 OCT 31 PM 1:15

DOCUMENT # **P00000067735**  
 1. Corporation Name  
**AK CONSULTING, INC.**

Principal Place of Business Mailing Address  
 4739 CENTRAL AVE. 4739 CENTRAL AVE.  
 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713



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

Suite, Apt. #, etc. **6309 Rock Creek Cir.** Suite, Apt. #, etc. **P.O. BOX 22266**  
 City & State **ELLENTON, FL.** City & State **TAMPA, FL.**  
 Zip **34222** Country **MARIAGE** Zip **33692** Country **HAWAII**

4. Date Incorporated or Qualified To Do Business in Florida **07/12/2000**

5. FEI Number **59-3656695** Applied For  Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KERNER, ALLISON R	46TH AVE. EAST, SHADOW BROOK, LO	PALMETTO PARK FL 34221
	P/O KERNER, ALLISON R.	6309 Rock Creek Cir	Ellenton, FL 34222

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 -11/27/01--01049--014  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent  
**TROUP, DAVID L**  
 4739 CENTRAL AVE.  
 ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent  
 Name **Kerner, Allison R.**  
 Street Address (P.O. Box Number is Not Acceptable) **6309 Rock Creek Cir.**  
 Suite, Apt. #, Etc.  
 City **Ellenton** State **FL** Zip Code **34222**

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 *Allison Kerner* Date 10-22-2001  
 REGISTERED AGENT MUST SIGN

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: *Allison Kerner* **ALLISON R. Kerner, Allison R.** Date 10/22/2001 Daytime Phone # 889-931-7333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

AK CONSULTING, INC.  
P.O. BOX 22266  
TAMPA, FL 33622

CERTIFIED LETTER WITH RETURN RECEIPT

October 22, 2001

Florida Department of State  
Division of Corporation  
Annual Report  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: P0000067735  
2001 Annual Report

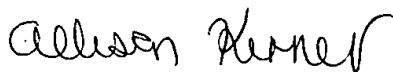
Gentlemen:

As per our telephone conversation today with your Department of State, enclosed please find our check #183, dated October 22, 2001, in the amount of \$150.00.

Please be advised that we did not receive the previous notification for corporate renewal and I request your late fees to be waived.

Your prompt reinstatement of our corporation, will be greatly appreciated.

Truly Yours,  
AK CONSULTING, INC.



Allison Kesner  
President

Enclosure