

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000068562

1. Corporation Name

1 CONSORTIUM, INC.

Principal Place of Business

1248 POTOMAC DR  
MERRITT ISLAND FL 32952

Mailing Address

1248 POTOMAC DR  
MERRITT ISLAND FL 32952

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

FILED  
02 NOV -5 PM 3:10  
SECRETARY OF STATE  
00000000000000000000  
11/05/02 01096-003 \*\*600.00



03/24/02 90070 009 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida 07/14/2000

5. FEI Number

59-3739622

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
D	UBL, THOMAS M	1248 POTOMAC DR	MERRITT ISLAND FL 32952
P	ubl, Thomas M.	1248 Potomac DR.	Merritt Island, FL 32952
T	Baldwin, Donna R.	4515 Little River Run	Annandale, VA 22003
S	Ubl, Priscilla J.	1248 Potomac DR.	Merritt Island, FL 32952
V	Baldwin, Donna R.	4515 Little River Run	Annandale, VA 22003

8. Name and Address of Current Registered Agent

UBL, THOMAS M  
1248 POTOMAC DR  
MERRITT ISLAND FL 32952

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 (321) 454-4529

Date

Daytime Phone #