

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 OCT 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-02

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 900 00000 96295

1. Corporation Name

PROJECT MANAGEMENT CONSULTING

2. Principal Office Address - No P.O. Box #

861 NW 116th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33325

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1064029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~PAUL SCHUBERT~~ DANIEL COPPOLA

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

~~HOLLYWOOD BLVD~~ 861 NW 116th AVE.

Suite, Apt. #, Etc.

City

HOLLYWOOD PLANTATION

State

FL

Zip Code

33325

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 10/15/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	DANIEL V. COPPOLA	861 NW 116th AVE	PLANTATION, FL 33325
V	DANIEL J. COPPOLA	15 FIELD AVE	HICKSVILLE, NY 11801
D	MARYANN COPPOLA	15 FIELD AVE	HICKSVILLE, NY 11801
			500110970405 10/18/07--01045--013 **750.00

10. 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 contained in Chapter 119, 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

10/15/07

Date

954-661-5581

Daytime Phone #

10/22
aw