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 DEC 26 PM 4:44

DOCUMENT # **P00000098243**

1. Corporation Name

TAC CONSULTING, INC.

Principal Place of Business	Mailing Address
4100 N. POWERLINE ROAD. SUITE H-5 POMPANO BEACH FL 33073	4100 N. POWERLINE ROAD. SUITE H-5 POMPANO BEACH FL 33073

REINSTATEMENT

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
1660 GULF BLVD	
Suite, Apt. #, etc.: APT 1007	Suite, Apt. #, etc.
City & State: CLEARWATER	City & State
Zip: 33767 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/2000

5. FEI Number: 65-1048533 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	THOMAS CHALMERS	1660 GULF BLVD, #1007	CLEARWATER, FL 33767
V.P.	CRAIG CHALMERS	1660 GULF BLVD #1007	CLEARWATER FL 33767
CFO	JAKE GERSOWSKY	4100 N. POWERLINE RD #H5	POMPANO, FL 33073
			300004765533--4 -01/10/02--01078--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BRILL, THEODORE F P.A.
8211 WEST BROWARD BLVD.
SUITE 360
PLANTATION FL 33324-2737

9. Name and Address of New Registered Agent

Name: JAKE GERSOWSKY
Street Address (P.O. Box Number is Not Acceptable): 4100 N POWERLINE ROAD
Suite, Apt. #, Etc.: SUITE H5
City: POMPANO BEACH State: FL Zip Code: 33073

CR2E040 (8/01)

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: X SIGNATURE REQUIRED Date: 12/20/01
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: SIGNATURE REQUIRED JAKE GERSOWSKY, CFO 12/20/01 954 984 9136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #