

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000112374

1. Corporation Name

PLATINUM CONSULTANTS, INC.

Principal Place of Business

1223 NW 125 TERRACE  
SUNRISE FL 33323

Mailing Address

1223 NW 125 TERRACE  
SUNRISE FL 33323

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

12/04/2000

5. FEI Number

APPLIED FOR

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	THOMAS, VIDA SHORTE	1223 NW 125 TERRACE	SUNRISE FL 33323

900008885469  
11/08/02--01019--006 \*\*150.00

8. Name and Address of Current Registered Agent

THOMAS, JUDE W  
1223 NW 125 TERRACE  
SUNRISE FL 33323

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
10/23/02

Date

Daytime Phone #

CR2E040 (8/02)

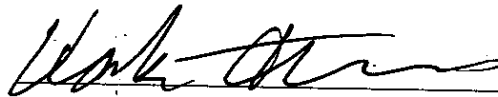
Platinum Consultants, Inc  
1223 NW 125 Terrace  
Sunrise, FL 33323

Florida Department of State

Re: Application for Reinstatement

Prior to receiving the notice of dissolution/revocation, we did not receive the previous two Uniform Business Report notices.

Director  
Vida Shorte Thomas

A handwritten signature in dark ink, appearing to read "Vida Shorte Thomas", is written over a horizontal line.