

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000112405

1. Corporation Name

M & H CONSULTING CORP.

Principal Place of Business

BALLEN ISLES
163 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

BALLEN ISLES
163 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418

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

C/O A.B. DOORLER CO.

38 KIRKLAND DRIVE

GREENLAWN, N.Y.

11740

SUFFOLK

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2000

5. FEI Number

22-3772913

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	MILLER, BERT	BALLEN ISLES, 163 WINDWARD DRIVE	PALM BEACH GARDENS FL 33418
			600004781086--0 -01/17/02--01016--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MILLER, BERT
BALLEN ISLES
163 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418

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.

Signature of
Registered Agent

Bert Miller
REGISTERED AGENT MUST SIGN

Date

12-20-01

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:

Bert Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

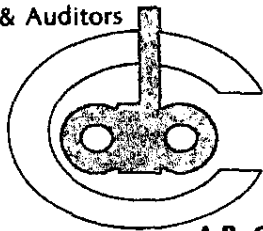
Date

12-20-01

Daytime Phone #

CR2E040 (8/01)

Accountants & Auditors



Telephone 631 757-8746
Fax 631 757-8736

A.B. COOKLER COMPANY • 38 Kirkland Drive, Greenlawn, New York 11740-2137

December 14, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314-6327

RE: M & H Consulting Corp
Document # P00000112405

To Whom it may concern,

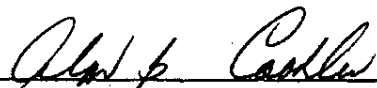
We are the accountants for the above named corporation.

Enclosed please find our clients application for reinstatement including the \$ 150.00 annual fee. As per our telephone conversation with your department, we were instructed to state that this is our clients first time filing in Florida, and that our client never received your first or second notices. We are located in New York and have directed the mailing address be changed to reflect our office. In the future you will receive the \$150.00 fee in full and in a timely manner.

Thank you in advance for your cooperation in this matter

Sincerely yours,

A.B. COOKLER COMPANY

BY 
Alan B. Cookler

ABC:ag
Encl