

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 12 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009661

1. Corporation Name

MCQ CONSULTING SERVICES, INC.

Principal Place of Business

120 RIVER COVE LANE
VERO BEACH FL 32963

Mailing Address

120 RIVER COVE LANE
VERO BEACH FL 32963

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2001

5. FEI Number

22-3813597

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	MCQUAID, WILLIAM J	120 RIVER COVE LANE	VERO BEACH FL 32963
D	MCQUAID, ELIZABETH A	120 RIVER COVE LANE	VERO BEACH FL 32963

8000008901058

11/12/02--01017--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCQUAID, WILLIAM J
120 RIVER COVE LANE
VERO BEACH FL 32963

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

William J. McQuaid
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 561-234-4395

CR2E040 (8/02)

20f2

Binetti & Feerick P.A.

CERTIFIED PUBLIC ACCOUNTANTS

*Suite 101
354 Old Hook Road
Westwood, NJ 07675
(201) 664-9151*

*Ronald L. Binetti, C.P.A.
James Feerick, C.P.A.*

Fax: 664-9279

November 1, 2002

State of Florida
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: MCQ Consulting Services, Inc.
FEIN 22-3813597

Dear Sir:

Please find enclosed a completed Application for Reinstatement and my clients check in the amount of \$150.00 in payment of the annual report fee.

My client was incorporated in the State of Florida on January 25, 2001. Since that time, my client never received the annual report form.

Based on my conversation with a representative from your office, I trust that the enclosed is sufficient to have my clients corporate charter reinstated.

If you require any additional information, please contact us.

Thank you for your cooperation and understanding in this matter.

Very truly yours;

BINETTI & FEERICK CPAs PA

James Feerick

enclosures

Cert. MAIL

7099 3400 0010 3877 0828