

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000018090

1. Corporation Name

LBJ CONSULTING, INC.

Principal Place of Business

4220 MAST COURT
LAND O LAKES FL 34639

Mailing Address

4220 MAST COURT
LAND O LAKES FL 34639



800009223878
11/26/02--01053--009 **150.00

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

02/19/2001

5. FEI Number

59-3698966

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
PSTD	MCDONALD, JOHN	4220 MAST COURT	LAND O LAKES FL 34639

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

JOHN MCDONALD

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

4220 MAST CT

Suite, Apt. #, Etc.

City

LAND O LAKES

State

FL

Zip Code

34639

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

11/23/02

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

11/23/02

Daytime Phone #

(813) 927-8917

CR2E040 (8/02)

L. B. J.
CONSULTING INC.

4220 MAST COURT
LAND O' LAKES FLORIDA 34639
813-927-8917
FEI 59-3698966

11/06/2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THIS LETTER AS NOTIFICATION THAT L.B.J. CONSULTING INC.
HAD NOT RECEIVED ANY UBR NOTICES FROM THE DEPARTMENT OF STATE DIVISION OF CORPORATIONS
PRIOR TO 10/26/02.

THANK YOU,



JOHN MCDONALD
PSTD

11/06/02 11:00AM

THE FOLLOWING INFORMATION WAS RECEIVED FROM THE DEPARTMENT OF STATE DIVISION OF CORPORATIONS
BY FAX MESSAGE DATED 11/06/02 FROM L.B.J. CONSULTING INC.
TO THE DEPARTMENT OF STATE