

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 OCT 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023883

1. Corporation Name

LAYTON CONSULTING, INC.

Principal Place of Business

517 FRESH POND ROAD
PONTE VEDRA BEACH FL 32082

Mailing Address

517 FRESH POND ROAD
PONTE VEDRA BEACH FL 32082

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

03/01/2001

5. FEI Number

59-3706036

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	LAYTON, LYNN F	517 FRESH POND ROAD	PONTE VEDRA BEACH FL 32082
D	LAYTON, GLENN R	517 FRESH POND ROAD	PONTE VEDRA BEACH FL 32082

200008667132

10/29/02--01074--005 **158.75

8. Name and Address of Current Registered Agent

LAYTON, LYNN F
517 FRESH POND ROAD
PONTE VEDRA BEACH FL 32082

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

Lyne F. Layton
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/21/02

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:

Lyne F. Layton
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 904.280.2617
Date Daytime Phone #

CR2E040 (8/02)



October 21, 2002

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

Dear Sir or Madam:

Please accept my sincere apology as I do not remember receiving the two notices requesting my signature. This is my first year in business and I am truly doing my best to remember each and every request made of a Florida business. I understand now to look for this document each year and will make sure this does not ever happen again.

At the recommendation of my accountant, I have enclosed my completed form and a check for \$158.75. Please let me know if you need any additional information. Thank you for your understanding in this matter.

Sincerely,


Lynn F. Layton