

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000045203

1. Entity Name  
WASHINGTON CONSULTANT MULTI-SERVICES, INC.



FILED

04 OCT 28 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
407 S. DIXIE HWY.,  
107  
LAKE WORTH, FL 33460

Mailing Address  
407 S. DIXIE HWY.,  
107  
LAKE WORTH, FL 33460



10192004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-1100166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANCENE, PAUL  
407 S. DIXIE HWY.,  
107  
LAKE WORTH, FL 33460

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANCENE, PAUL	
STREET ADDRESS	407 S. DIXIE HWY., SUITE 200	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	JEAN, GUIRLAINE	
STREET ADDRESS	2134 NE 3RD COURT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300042281333
CITY-ST-ZIP	10/28/04--01033--024 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul E. Ancene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/04 (561) 5404072

Daytime Phone #

To: Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fl 32314

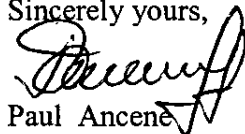
From: Washington Consultant Multi-Services Inc.  
407 South Dixie Hwy Suite 107  
Lake Worth, 33460

Re: P01000045203

To Whom It May Concern:

After my conversation with one of the officer about the Reinstatement of my corporation I told her that I did not receive my re-new for the year 2004, and last week I received a postcard notice its mean dissolution or revocation of corporation. She said to wrote a letter with explanation and attached with \$150.00

Sincerely yours,



Paul Ancene