

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 18 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000047355

1. Corporation Name

Consultrex, Inc.

2. Principal Office Address

6155 NW 53rd Street

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

USA

3. Mailing Office Address

6155 NW 53rd Street

Suite, Apt. #, etc.

City & State

Coral Springs

Zip

33067

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 11, 2001

5. FEI Number

75-3048549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elizabeth H Bates

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

6155 NW 53rd Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

700024774317

11/18/03--01018--002 **750 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

E H Bates

Date 11/12/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/S/T	Bates, Elizabeth H	6155 NW 53rd Street	Coral Springs FL 33067

10. 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:

E H Bates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03

Date

954-755-4407

Daytime Phone #

CR2E081 (10/02)