

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 2:50

DOCUMENT # P01000060686

1. Corporation Name

ENVOY CONSULTING, INC.

REINSTATEMENT 02-03

Principal Place of Business

109 MILL COVE LANE
PONTE VEDRA FL 32082

Mailing Address

109 MILL COVE LANE
PONTE VEDRA FL 32082



700018831007
05/13/03--01023--010 **900.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	HIMEL, MARVIN	109 MILL COVE LN.	PONTE VEDRA FL 32082
V?	MCLANN, LUKE	4905 BELFORT RD. STE 110	JACKSONVILLE, FL 32256
V	MACE, DARREN	4905 BELFORT RD. STE 110	JACKSONVILLE, FL 32256

8. Name and Address of Current Registered Agent

GREENE, BARBARA
3599 W. LAKE MARY BLVD., STE. E
LAKE MARY FL 32746-3417

9. Name and Address of New Registered Agent

Name MARVIN HIMEL
Street Address (P.O. Box Number is Not Acceptable)
109 Mill Cove Ln.
Suite, Apt. #, Etc.
City PONTE VEDRA State FL Zip Code 32082

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

Date 11/19/02

REGISTERED AGENT MUST SIGN

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 #

11/19/02 (904)861-2355

CR2E040 (8/02)