

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -5 AM 8:00

DOCUMENT # P01000060804

1. Corporation Name

SABAL PALM CONSULTING, INC.

REINSTATEMENT 03-04  
MRS

2. Principal Office Address

117 NW 93 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

117 NW 93 AVE.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2001

5. FEI Number

651113607

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

VIRGINIA LOPEZ

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

117 NW 93 AVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

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

Date

4/30/04

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|-----------------|--------------------------------------|---|--------------------------|
| OWNER/<br>PRES. | VIRGINIA LOPEZ                       | 117 NW 93 AVE                                     | PEMBROKE PINES, FL 33024 |
|                 |                                      |   |                          |
|                 |                                      |   |                          |
|                 |                                      |   |                          |
|                 |                                      |   |                          |
|                 |                                      |   |                          |

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:

VIRGINIA LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/04 (954)394-2325

Daytime Phone #

CR2001 (1/04)