

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000064005**

1. Corporation Name
XCEL CONSULTING of Pinellas Inc.

REINSTATEMENT 03-04

2. Principal Office Address
5791-80-AVE
Suite, Apt. #, etc.

3. Mailing Office Address
5791-80-AVE
Suite, Apt. #, etc.

07/21/04 01012 003 \$908²⁵

City & State
Pinellas Park, FL
Zip Country
33781 USA

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Pinellas Park, FL
Zip Country
33781 USA

4. Date Incorporated or Qualified
To Do Business in Florida **June 27/2001**

5. FEI Number **59-3730697**
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
Thomas Scott

Street Address (P.O. Box Number is Not Acceptable)
5791-80th Ave

Suite, Apt. #, Etc.

City
Pinellas Park

State
FL

Zip Code
33781

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent **X [Signature]** Date **8/18/04**
REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|-------------------------|
| P | Thomas Scott | 5791-80th Ave | Pinellas Park, FL 33781 |
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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: **X [Signature]** **Thomas Scott** PRES. **8/18/04 727-455-7312**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CRF0301 (01/04)