

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 27 AM 8:49

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094782

1. Corporation Name

OPTIONS CONSULTING AND  
PROCUREMENT, INC.

2. Principal Office Address

10505 N.W. 10th Ct.

Suite, Apt. #, etc.

City & State

Plantation, FL.

Zip

Country

33322

BROWARD

3. Mailing Office Address

10505 N.W. 10th Ct.

Suite, Apt. #, etc.

City & State

Plantation, FL.

Zip

Country

33322

BROWARD

REINSTATEMENT 04-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 28 2001

5. FEI Number

65-1141760

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

MARCUS THOMAS SWINNEY

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

10505 N.W. 10th COURT.

Suite, Apt. #, Etc.

City

PLANTATION

(BROWARD)

State

FL

Zip Code

33322

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

*Marcus T. Swinney*

REGISTERED AGENT MUST SIGN

Date March 24 2006

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
PSTD	MARCUS T. SWINNEY	10505 NW 10th Ct	PLANTATION FL. 33322
SEC	SUSAN S. CANARICK	10505 NW 10th Ct	PLANTATION FL. 33322
TRES			

300069439943  
04/04/06--01053--002 \*\*1000.00  
300069439943  
04/04/06--01053--003 \*\*50.00

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 contained in Chapter 119, 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:

*Marcus T. Swinney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24 2006

Date

954-854

Daytime Phone # 2164