

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 2:19

SECRETARY OF STATE
TALLAPASSEE, FLORIDA

DOCUMENT # **P01000101049**

1. Corporation Name

SUSAN E. DETTMAN CONSULTING GROUP INC.

Principal Place of Business

4230 N.E. 28TH AVENUE
FT. LAUDERDALE FL 33308

Mailing Address

4230 N.E. 28TH AVENUE
FT. LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2001

5. FEI Number

06-1638681

Applied For

Not Applicable

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
D	DETTMAN, SUSAN E	4230 N.E. 28TH AVENUE 2915 Port Royale Lane	FT. LAUDERDALE FL 33308

300024488163

11/06/03--01048--015 **150.00

8. Name and Address of Current Registered Agent

DETTMAN, SUSAN E

~~4230 N.E. 28TH AVENUE~~

FT. LAUDERDALE FL 33308

2915 Port Royale Lane

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Susan E. Dettman

Date 11-03-03

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:

Susan E. Dettman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-03-03 954-491-3577

CR2E040 (7/03)

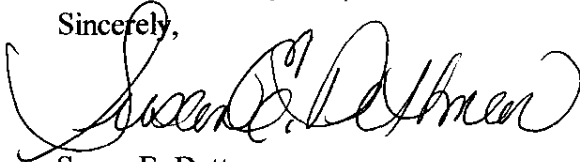
Florida Department of State
November 3, 2003

As per my conversation previously with your office, I had not received any of the prior notifications. Please find enclosed, a check in the about of \$150.00.

As I have already spoken to your office by phone, this business is no longer in service.

Thank you for you cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan E. Dettman". The signature is written in dark ink and is positioned above the printed name.

Susan E. Dettman