

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 AUG 24 AM 8:00

DOCUMENT #

PO1000119381

1. Corporation Name

KRinsky Consulting Inc.

REINSTATEMENT 03-04

03/28/2008 90077 028 150.10
600035762996
05/07/04--01073--008 **150.00

2. Principal Office Address

9130 Galleria Ct

3. Mailing Office Address

800 Seagate drive

Suite, Apt. #, etc.

Suite 311

Suite, Apt. #, etc.

Suite 202

City & State

Naples

City & State

Naples

Zip

34109

Country

USA

Zip

34103

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

03-0477122

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

Alan Krinsky

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

5730 12th Ave SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

600035762996

08/31/04--01022--025 **600.00

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

[Signature]

Date

8/11/04

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Alan Krinsky	5730 12th Ave SW	Naples FL 34116
Sec Treas	Cheryl Krinsky	5730 12th Ave SW	Naples, FL 34116

10. I certify that I am an officer or director of 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] ALAN KRINSKY

Date

2/11/04

Daytime Phone #

239-450-0262

CR2001 (01/04)