

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # P02000000603

1. Corporation Name

BJW CONSULTING, INC

REINSTATEMENT 03

Principal Place of Business

Mailing Address

1928 MEADOW POND WAY  
ORLANDO FL 32824

1928 MEADOW POND WAY  
ORLANDO FL 32824



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

900025255429  
12/05/03--01031--031 \*\*220.00

MRD

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2002

5. FEI Number

26 0000 916

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Barbara Wehrmeyer	1928 meadow pond way	Orlando FL 32824
VP	"	"	"
Treas	"	"	"
Sec	"	"	"

8. Name and Address of Current Registered Agent

WEHRMEYER, BARBARA J  
1928 MEADOW POND WAY  
ORLANDO FL 32824

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

SIGNATURE REQUIRED  
Barbara J. Wehrmeyer  
REGISTERED AGENT MUST SIGN

Date 12/01/03

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:

SIGNATURE REQUIRED  
Barbara J. Wehrmeyer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/01/03

Daytime Phone #

CR2040 (7/03)

292

December 01, 2003

Division of Corporation  
Annual Report Reinstatement Section  
P O Box 6327  
Tallahassee, Florida 32314-6327

Re: 260000916 BJW Consulting

2003 UBR

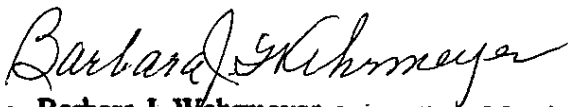
All the information on 260000916 is the same. The name, address, phone number. No changes have been made.

I have not received any notices from the Division of Corporation prior to this document. Please waive the \$650.00 fee.

In the future, if it is necessary I will write every quarter to confirm no changes in the status of the corporation.

Enclosed is the Fees \$150.00, \$61.25, and \$8.75 fee per instructed by your office. Please reinstate the corporation. Should you have any questions please contact me at CELL: 863-651-8190.

Sincerely



Barbara J. Wehrmeyer  
BJW Consulting, Inc.

Temp address: 2401 W Southern AV #385, Tempe, Az 85282  
866-643-4221 ext 4438

Enclosure