

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 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012962

1. Corporation Name

STANSKY CONSULTING, INC.

Principal Place of Business

10574 NORTHGREEN DR.
LAKE WORTH FL 33467

Mailing Address

10574 NORTHGREEN DR.
LAKE WORTH FL 33467

REINSTATEMENT 03



700024481357

11/05/03 01046-007 **150.00

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

01/30/2002

5. FEI Number

02-0559944

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
PVD	STANSKY, DANIEL E	10574 NORTHGREEN DR.	LAKE WORTH FL 33467
STD	STANSKY, JOSEPHINE	10574 NORTHGREEN DR.	LAKE WORTH FL 33467

8. Name and Address of Current Registered Agent

STANSKY, DANIEL E
10574 NORTHGREEN DR.
LAKE WORTH FL 33467

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL E STANSKY

Date

10/15/03

Daytime Phone #

361-432-4167

CR2E040 (7/03)

Stansky Consulting Inc.

10574 Northgreen Drive
Lake Worth, FL 33467

October 15, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please accept the enclosed application to reactivate corporate status and a company check in the amount of \$150.00. Neither of your two prior UBR notices were received at this address.

Sincerely,



Daniel E. Stansky
President and Director

THIS ORIGINAL LETTER RETURNED DUE TO
AN INCORRECT CHECK ATTACHED.
CORRECT CHECK NOW ATTACHED.

