

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVAL
AND
FILED

03 OCT 29 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000051180**

1. Corporation Name

NORRIS CONSULTING, INC.

Principal Place of Business

828 SILVERSMITH CIRCLE
LAKE MARY FL 32746

Mailing Address

828 SILVERSMITH CIRCLE
LAKE MARY FL 32746

Handwritten initials



REINSTATEMENT 2003

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

05/06/2002

5. FEI Number

☒ 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
D	NORRIS, GLENN	828 SILVERSMITH CIRCLE	LAKE MARY FL 32746
D	NORRIS, KATHLEEN L	828 SILVERSMITH CIRCLE	LAKE MARY FL 32746

900024265929
10/30/03--01007--024 **750.00

8. Name and Address of Current Registered Agent

NORRIS, GLENN
828 SILVERSMITH CIRCLE
LAKE MARY FL 32746

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

Handwritten signature of Glenn A. Norris
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/9/2003

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:

Handwritten signature of Glenn A. Norris
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2003
Date

407-341-8599
Daytime Phone #

CR2E040 (7/03)