

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002000055305

1. Corporation Name

KONSULIAN INC.

2. Principal Office Address

9016 HILOLO LN.

Suite, Apt. #, etc.

City & State

VENICE FL.

Zip

34293

Country

USA.

3. Mailing Office Address

9016 HILOLO LN.

Suite, Apt. #, etc.

City & State

VENICE FL.

Zip

34293

Country

USA.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/03

5. FEI Number

03-0532843

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

SARKIS KONSULIAN

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

9016 HILOLO LN.

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

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

12/15/03

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
P	SARKIS KONSULIAN	9016 HILOLO LN.	VENICE FL. 34293
M	VLADIMIR CHMYKHALOV	4527 PINEUSHION ST.	NORTH PORT FL. 34286

10. 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] SARKIS KONSULIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03 (941)809-7436

Daytime Phone #

CR2E081 (10/02)