

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000087912

1. Corporation Name

H.S.I. CONSULTING & DESIGN SERVICES, INC.

Principal Place of Business

Mailing Address

791 10 ST SOUTH STE A  
NAPLES FL 34102

791 10 ST SOUTH STE A  
NAPLES FL 34102

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

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

08/14/2002

5. FEI Number

52-237886

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03

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	Alan J. Pratt	1128 Dormie Dr	Naples FL 34108
VP	Sharon Pratt	1128 Dormie Dr	Naples FL 34108

200025629712  
12/19/03--01030--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUDGINS, THOMAS F  
791 10 ST SOUTH STE B  
NAPLES FL 34102

Name

Alan J Pratt

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

791 10th St South

Suite, Apt. #, Etc.

A

City

Naples

State

FL

Zip Code

34102

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

Alan J Pratt

REGISTERED AGENT MUST SIGN

Date

12/15/03

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

Date

12/15/03

Daytime Phone #

CR2E040 (7/03)

20f2

Matthew John Soldavini, PA  
791 Tenth Street South  
Naples, FL 34102  
239-262-7230

# Matthew John Soldavini, PA

December 15, 2003

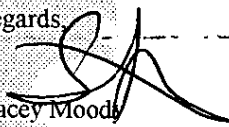
Florida Department of State  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement form Florida Department of State

Dear Sir/Madam:

Pursuant to my discussion with Katrina in your office last week, we are submitting the Application for Reinstatement for H.S.I. Consulting & Design Services, Inc. As the principal place of business is our office, his accounting firm, I can assure you that the original annual return was never received here. Also, this is a brand new corporation, formed on 8/14/02, and taxpayer was unaware that he was required to file an annual report. We are asking that you accept the attached check for \$150 and reinstate this client as he would have submitted the application and check had he received it.

Regards,

  
Stacey Moody

Matthew John Soldavini, PA