

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 26 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-05 Ru

CR2E081 (8/05)

DOCUMENT # **P02000112608**

1. Corporation Name

PEL CONSULTING, INC.

2. Principal Office Address

DR.

11202 WILLOW GARDENS

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

USA

3. Mailing Office Address

DR.

11202 WILLOW GARDENS

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/18/2002

5. FEI Number

16-16 34359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICK E. LIEN

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

11202 WILLOW GARDENS DRIVE

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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

Patrick E. Lien

Date

10/21/05

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/D	PATRICK E. LIEN	11202 WILLOW GARDENS DRIVE	34786 WINDERMERE, FL
S/D	John F. Lien	11202 WILLOW GARDENS DRIVE	34786 WINDERMERE, FL

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10/21/05

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:

Patrick E. Lien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/05

Daytime Phone #

407-701-9037

October 21st, 2005

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Administrator,

I am enclosing my application for reinstatement of my corporation, PEL Consulting Inc. I have also enclosed a check for \$300 for the filing fees for 2004 and 2005. Last year, as a result of being temporarily displaced due to Hurricane Charlie, I never received the annual report notices that I was informed today were sent prior to dissolution. As a result of not having received the notices, I am requesting that the reinstatement fee be waived.

This has been a very difficult year. I nearly lost everything and had to put my business on hold and get temporary work. I recently re-financed my house and am now able to re-start my consulting business. Your assistance in this matter is greatly appreciated.

If you have any questions or require any further information, please don't hesitate to call me at 407-701-9037 (cell).

Warm regards,



Patrick E. Lien