## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000003933

Entity Name: TRI-STATE CONSULTING, INC.

FILED Sep 27, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
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222 WHATLEY BLVD. 108 NORTH SHORE TERRACE US PORT CHARLOTTE, FL 33980 SEBRING, FL 33872

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 7244 P.O. BOX495215

US SEBRING, FL 33872 PORT CHARLOTTE, FL 33949

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MACKES, J. DAVID MACKES, J. DAVID

222 WHATLEY BLVD. 108 NORTH SHORE TERRACE SEBRING, FL 33872 US PORT CHARLOTTE, FL 33980 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: J. DAVID MACKES 09/27/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete () Change () Addition

MACKES, J. DAVID Name: Name: 108 NORTHSHORE TERRACE Address: Address: City-St-Zip: PORT CHARLOATTE, FL 33980 City-St-Zip:

Title: VSD () Delete Title: () Change () Addition

Name: MACKES, E. CAROL Name: 108 NORTHSHORE TERRACE. Address: Address: PORT CHARLOATTE, FL 33980 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. DAVID MACKES **PRES** 09/27/2005