

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

182

06 NOV 21 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300081985483  
11/21/06--01037--007 \*\*150.00

300081985483  
11/21/06--01037--006 \*\*150.00

DOCUMENT # **P03000044969**

**1. Corporation Name**

**CANAL STREET CONSULTING, INC**

**2. Principal Office Address**

**201 SE 3RD AVE**

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

Zip

**33060**

Country

**BROWARD**

**3. Mailing Office Address**

**201 SE 3RD AVE**

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

Zip

**33060**

Country

**BROWARD**

**REINSTATEMENT**

CR20081 (12/05)

04-06

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

**4-22-2003**

**5. FEI Number**

**58-2669706**

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

**TERESA J PROVIDENCE**

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

**201 SE 3RD AVE**

Suite, Apt. #, Etc.

City

**Pompano Beach**

State

**FL**

Zip Code

**33060**

**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

**Teresa J Providence**  
REGISTERED AGENT MUST SIGN

Date **11/20/2006**

**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	ARTHUR WIEMERSLAGE	201 SE 3RD AVE	Pompano Beach, FL 33060
VP	TERESA J PROVIDENCE	201 SE 3RD AVE	Pompano Beach, FL 33060

**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 contained in Chapter 119, 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:**

**Teresa J Providence**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/20/2006**

Daytime Phone #

**954-530-6000**

# canal street consulting

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201 SE 3rd Avenue · Pompano Beach, Florida 33060 · 954.530.6000 · Fax 954.784.6608

November 20, 2006

Florida Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement  
Canal Street Consulting, Inc Document PO000044969 FEIN 58-2669706

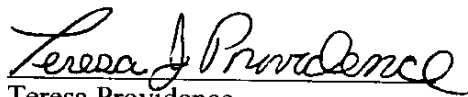
Secretary of State,

I have recently found out my corporation went to inactive status due to no filing of this form. I had never received notification of this form and have enclosed a copy from your WEB address the address this form has been mailed to. This address has not been active since Sept of 2003.

I am asking to have the reinstatement fees waived due to failure to receive notification.

Please accept my 3 years back checks totaling \$450.00 to return my corporation to an active status.

Thank you in advance,

  
Teresa Providence  
Vice President