


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000057100		
1. Entity Name OCCUPATIONAL SAFETY CONSULTANTS, INC.		

FILED

09 JAN -6 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12292008 REIN-P CR2E098 (1/07)

Principal Place of Business 223 EVANS DR. JACKSONVILLE BCH, FL 32250	Mailing Address 223 EVANS DR. JACKSONVILLE BCH, FL 32250
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
Name STEVEN MARK HOLTSSINGER	
Street Address (P.O. Box Number is Not Acceptable) 223 EVANS DRIVE	
City JACKSONVILLE BEACH	FL Zip Code 32250

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Steven Mark Holtssinger* STEVEN MARK HOLTSSINGER Principal 12/29/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES HOLTSSINGER, STEVEN M 223 EVANS DR. JACKSONVILLE BCH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400139535064 01/06/09--01014--013 <input type="checkbox"/> #158.05
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO HOLTSSINGER, ERNESTINE C 223 EVANS DR. JACKSONVILLE BCH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Mark Holtssinger* Principal STEVEN MARK HOLTSSINGER 12/29/08 (904) 334-3261  
Signature and typed or printed name of signing officer or director Date Daytime Phone #