

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 JAN 23 AM 9:25

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000148017

1. Corporation Name

PURPLE SAGE CONSULTING, INC.

291-2908

2. Principal Office Address - No P.O. Box #

14561 STERLING OAKS DRIVE

Suite, Apt. #, etc.

City & State

NAPLES

Zip

FL

Country

34110

3. Mailing Office Address

14561 STERLING OAKS DRIVE

Suite, Apt. #, etc.

City & State

NAPLES

Zip

FL

Country

34110

REINSTATEMENT 06-08

4. Date Incorporated or Qualified  
To Do Business in Florida 10/25/2007

5. FEI Number  
20-1785841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID W GILES

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

14561 STERLING OAKS DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*David W. Giles*

Date JAN 21ST, 2008

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
PSTD	DAVID W GILES	14561 STERLING OAKS DR	NAPLES, FL 34110

500115892119  
01743708--01033--007 \*\*450.00

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:

*David W. Giles* DAVID GILES

1/21/2008

239-216-0417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #