

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 14 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000002313

1. Corporation Name

Jupiter Consulting Corp.

400113370334
12/24/07--01039--014 **450.00

REINSTATEMENT 05-07
CR2008 (1/07)

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

939 Mill Creek Drive

3. Mailing Office Address

780 Marconi Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

Ronkonkoma, NY

Zip

33410

Country

USA

Zip

11779

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2004

5. FCI Number

202139743

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

Deirdre Helbling

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

939 Mill Creek Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ 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

Deirdre Helbling
REGISTERED AGENT MUST SIGN

Date **12/11/07**

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
Pres.	Deirdre Helbling	939 Mill Creek Drive	Palm Beach Gardens, FL 33410
CEO	Edward Helbling	939 Mill Creek Drive	Palm Beach Gardens, FL 33410
secy.	Deirdre Helbling	939 Mill Creek Drive	Palm Beach Gardens, FL 33410

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:

Deirdre Helbling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/07

Date

516-779-0946

Daytime Phone #