

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -5 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127248

1. Corporation Name

Investors Consulting, Inc

**REINSTATEMENT** 02-09  
CR2E081 (12/08)

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

10730 NW 66 Street

3. Mailing Office Address

10730 NW 66 Street

Suite, Apt. #, etc.

Apt 106

Suite, Apt. #, etc.

Apt 106

City & State

Doral, FL

City & State

Doral, FL

Zip

33178

Country

Zip

33178

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2005

5. FEI Number  
20-3478167

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

Ivan Diaz

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

10730 NW 66 Street

Suite, Apt. #, Etc.

Apt 106

City

Doral

State

FL

Zip Code

33178

☒ 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

REGISTERED AGENT MUST SIGN

Date 2/2/2009

**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
PST	Ivan Diaz	10730 NW 66 Street	Doral, FL 33178

800142933388  
02/05/09--01039--030 \*\*450.00

2/2/09

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2009

Date

Daytime Phone #