

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

# REINSTATEMENT

DOCUMENT # P06000000581

1. Entity Name  
GAIL'S CONSULTING SERVICES INC



FILED

08 MAY 13 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5701 HOBSON STREET NE  
ST PETERSBURG, FL 33703 US

Mailing Address  
5701 HOBSON STREET NE  
ST PETERSBURG, FL 33703 US

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



04-30-07 90481 004 #150.90-08  
03252008 REIN-P CR2E098 (1/07)

4. FEI Number  
20-4024344

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUMMEL, GAIL E  
5701 HOBSON STREET NE  
ST PETERSBURG, FL 33703

Name

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

City

FL

Zip Code

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 Gail E Rummel  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/08

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRE  
RUMMEL, GAIL E  
5701 HOBSON STREET NE  
ST PETERSBURG, FL 33703

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

600122545406  
04/08/08--01011--030 \*\*300.00

TITLE  
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☐ Change ☐ 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: Gail E Rummel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/08

705/28