

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000105149

1. Corporation Name

FLT Consulting, Inc

W1-2867

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

3030 Pelican Lane

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32514

Country

US

3. Mailing Office Address

3030 Pelican Lane

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32514

Country

US

7. Name and Address of Current Registered Agent

Name

Tamara Floyd

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

3030 Pelican Lane

Suite, Apt. #, Etc.

City

Pensacola,

State

FL

Zip Code

32514

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 15 Jan 2010

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
PS	Tamara Floyd	3030 Pelican Lane	Pensacola, Florida 32514

10. E-mail Address: TamaraL68@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

15 Jan 2010

Daytime Phone #

FILED

10 JAN 29 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

000167535760
01/29/10--01027--011 **300.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/2006

5. FEI Number

20-5482192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.