

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 JAN 10 AM 8:59

DOCUMENT # P07000108717

1. Corporation Name

TDH Consulting, Inc.

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

1027 Caribbean Ave.

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip

33440

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2007

5. FEI Number

37-1549856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRE

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Tanya D. Hammil

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

1027 Caribbean Ave

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

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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

Tanya D. Hammil

Date 1/3/2017

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
President	Tanya D. Hammil	1027 Caribbean Ave, Clewiston	Clewiston, FL 33440

T. HENDERSON
JAN 13 2017

10. E-mail Address: tdhcinco@gmail.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 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. and 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 effects if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tanya D. Hammil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2017

Date

863-805-2822

Daytime Phone #