

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000118217

1. Corporation Name

TREO CONSULTING GROUP, INC.

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

611 SE 2ND AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

611 SE 2ND AVE.

Suite, Apt. #, etc.

City & State

POMPAHO BEACH, FL.

City & State

POMPAHO BEACH, FL.

Zip

33060

Country

USA

Zip

33060

Country

USA

7. Name and Address of Current Registered Agent

Name

BARBARA TENZER

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

611 SE 2ND AVE.

Suite, Apt. #, Etc.

City

POMPAHO BEACH

State

FL

Zip Code

33060

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

Barbara Tenzer  
REGISTERED AGENT MUST SIGN

Date

3/7/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles       | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------------|--------------------------------------|---|---------------------------|
| <u>PR.</u>   | <u>BARBARA TENZER</u>                | <u>611 SE 2ND AVE.</u>                            | <u>POMPAHO BEACH, FL.</u> |
| <u>V.P.</u>  | <u>11</u>                            | <u>11</u>   | <u>11 11 33060</u>        |
| <u>Sec.</u>  | <u>11</u>                            | <u>11</u>   | <u>11 11</u>              |
| <u>Treas</u> | <u>11</u>                            | <u>11</u>   | <u>11 11</u>              |
|              |                                      |   |                           |
|              |                                      |   |                           |

10. E-mail Address:

REALTYQUEEN@YAHOO.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., 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 effect as 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:

Barbara Tenzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/11

Daytime Phone #

9542358224

11 MAR -9 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200197300252  
03/10/11--01001--006 \*\*900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

261874583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

10-11

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TREO CONSULTING GROUP, INC.

Signature \_\_\_\_\_

Requested by: SETH

03/09/11

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_