

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000121596

1. Corporation Name

M. STEEN CONSULTANTS INC.

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

6901 Okeechobee Blvd.

Suite, Apt. #, etc.

#D5

City & State

West Palm Beach, Florida

Zip

33411

Country

3. Mailing Office Address

6901 Okeechobee Blvd.

Suite, Apt. #, etc.

#D5

City & State

West Palm Beach, Florida

Zip

33411

Country

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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 By:

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date

1-27-09

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
PSD	Steen, Mark	6901 Okeechobee Blvd., #D5	West Palm Beach, FL 33411

REINSTATEMENT

08-9

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:

Mark Steen

Mark Steen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/2009 561-804-6783

Daytime Phone #

FILED

09 JAN 28 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100142273901
01/28/09--01004--010 **300.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2007

5. FEI Number

22-3971519

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.