

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P08000055445

1. Corporation Name

HUDSON'S STRATEGIC CONSULTING, INC.

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

728 MIDDLE BRANCH WAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32259

Zip

32259

Country

USA

3. Mailing Office Address

728 MIDDLE BRANCH WAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32259

Zip

32259

Country

USA

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER J HUDSON

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

728 MIDDLE BRANCH WAY

Suite, Apt. #, Etc

City

JACKSONVILLE

State

FL

Zip Code

32259

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

5/20/11

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
PRES	CHRISTOPHER J HUDSON	728 MIDDLE BRANCH WAY	JACKSONVILLE FL 32259

10. E-mail Address: CHUDSONTDS@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

CHRISTOPHER J HUDSON

Date

5/20/11

Daytime Phone #

904-635-7828

FILED

11 MAY 23 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-11

800208021068  
05/23/11--01043--005 \*\*1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/5/2008

5. FEI Number

26-2748886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status