

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000070360

Entity Name: INTEL CONSULTING, INC.

**FILED**  
**Dec 24, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

182A GARFIELD STREET  
SANTA ROSA BEACH, FL 32459

## **New Principal Place of Business:**

1129 TROON DRIVE WEST  
NICEVILLE, FL 32578

## **Current Mailing Address:**

182A GARFIELD STREET  
SANTA ROSA BEACH, FL 32459

## **New Mailing Address:**

PO BOX 524  
NORTH SALEM, NY 10560 US

FEI Number: 26-3050430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

HUNTER, MICHAEL W  
182A GARFIELD STREET  
SANTA ROSA BEACH, FL 32459 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL WALTER HUNTER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUNTER, MICHAEL W  
Address: 182A GARFIELD STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: GUIDO, CYNTHIA D  
Address: 1203 CHERRY HILL DRIVE  
City-St-Zip: POUGHKEEPSIE, NY 12603

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W HUNTER

P

12/24/2009

Electronic Signature of Signing Officer or Director

Date