

P0900000 96829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

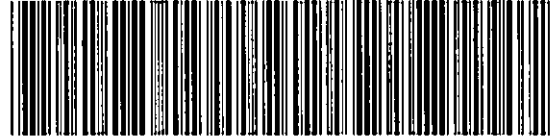
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100341974171

04/06/20--01016--006 **1350.00

03/19/20--01024--020 **52.50

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
2020 APR -6 PM 4:09

QMI
4/18/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Received
4/6/20

April 1, 2020

HIEU Q. HUYNH, ESQ.
7670 WOODWAY DRIVE
SUITE 342
HOUSTON, TX 77063

SUBJECT: HMS CONSULTING, INC
Ref. Number: P09000096829

We have received your document for HMS CONSULTING, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2016 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$1350.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2020 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 020A00006919

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000096829

1. Corporation Name

HMS Consulting, Inc.

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

7903 Terrace Ridge Drive

Suite, Apt. #, etc

City & State

Temple Terrace, Florida

Zip

33637

Country

US

3. Mailing Office Address

7903 Terrace Ridge Drive

Suite, Apt. #, etc

City & State

Temple Terrace, Florida

Zip

33637

Country

US

7. Name and Address of Current Registered Agent

Name

Hamisu Salihu

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

7903 Terrace Ridge Drive

Suite, Apt. #, Etc

City

Temple Terrace

State

FL

Zip Code

33637

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.

DocuSigned by:

Signature of
Registered Agent*Dr. Salihu*

90C2FADD70A9431...

REGISTERED AGENT MUST SIGN

Date 4/2/2020

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
P	Hamisu Salihu	4265 San Felipe Street Suite 1100	Houston, Texas 77027

10. E-mail Address: hamisu.salihu@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 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:*Dr. Salihu*

90C2FADD70A9431...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100343138641
04/08/20--01016--006 **1350.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 11/30/2009

5. FEI Number

27-1399848

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

2020 APR - 6 PM 4:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/2/2020

2059108720

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HMS Consulting, Inc.

DOCUMENT NUMBER: P09000096829

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hieu Q. Huynh, Esq.

Name of Contact Person

Huynh & Huynh, PLLC

Firm/ Company

7670 Woodway Drive, Suite 342

Address

Houston, Texas 77063

City/ State and Zip Code

hieu@huynhandhuynh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hieu Q. Huynh, Esq.

at (713)

622-1111

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

HMS Consulting, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000096829

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

HMS Consultants and Associates, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A Florida N/A
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 APR -6 PM 4:09

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u> Add			
<u> </u> Remove			
2) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u> Add			
<u> </u> Remove			
3) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u> Add			
<u> </u> Remove			
4) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u> Add			
<u> </u> Remove			
5) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u> Add			
<u> </u> Remove			
6) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: March 5, 2020
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

March 6, 2020
Dated _____

Signature Hamisu Salihu
Hamisu Salihu (Mar 6, 2020)
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Hamisu Salihu

(Typed or printed name of person signing)

President

(Title of person signing)