

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021: 111.00: 2152.00

DOCUMENT # P10000090045

1. Corporation Name

PRESTON CONSULTING GROUP, INC.

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

6499 Powerline Rd.

Suite, Apt. #, etc.

101

City & State

FORT LAUDERDALE

Zip

33309

Country

U.S.A.

3. Mailing Office Address

6499 Powerline Rd.

Suite, Apt. #, etc.

101

City & State

FORT LAUDERDALE

Zip

33309

Country

U.S.A.

500365149465
04/28/21--01022--001 **1500.00

CR2E0R1 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2010

5. FEI Number

27-3869871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SIFER BUSINESS CONSULTANTS, LLC

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

6499 Powerline Rd.

Suite, Apt. #, Etc.

Suite 101

City

FORT LAUDERDALE

State

FL

Zip Code

33309

2016-2021

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

04/22/2021

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 | LUIZ FERNANDO SANTOS CARTOLANO | 6499 Powerline Rd., S. 101 | FORT LAUDERDALE, FL 33309 |
| S | MARCOS MIRANDA | 6499 Powerline Rd., S. 101 | FORT LAUDERDALE, FL 33309 |
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AUG 11 2021

S. PRATHER

10. E-mail Address: **president@sifer.us**

(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2021

Date

Daytime Phone #

(954)955-0108



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2021

PRESTON CONSULTING GROUP, INC.
6499 POWERLINE RD
APT 101
FORT LAUDERDALE, FL 33309

SUBJECT: PRESTON CONSULTING GROUP, INC.
Ref. Number: P10000090045

We have received your document for PRESTON CONSULTING GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We have received your Reinstatement for but not the name change form. Bot form must be filed simultaneously

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00013492