

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 NOV - 6 AM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Precipice Consulting Corp.  
Doc# P10000098/31

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

2701 N. Rocky Point Dr.

Suite, Apt. #, etc.

Suite # 188

City & State

Tampa FL

Zip

33607

Country

US

3. Mailing Office Address

2701 N. Rocky Point Dr.

Suite, Apt. #, etc.

Suite # 188

City & State

Tampa FL

Zip

33607

Country

US

**REINSTATEMENT**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

27 4298 160

☒ 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

Milliecent Johnson

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

2701 N. Rocky Point Dr.

Suite, Apt. #, Etc.

Suite # 188

City

Tampa

State

FL

Zip Code

33607

700241559247  
11/06/12--01013--005 \*\*750.00

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

*Milliecent Johnson*

Date 10/26/12

REGISTERED AGENT MUST SIGN

**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
MGR	Martha Fitzpatrick	2701 N. Rocky Point Dr #188	Tampa FL 33607
MGR	Milliecent Johnson	2701 N. Rocky Point Dr #188	Tampa FL 33607

10. E-mail Address: MFiTZ@precipicecc.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:

*Milliecent Johnson*

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