

FILED
 SECRETARY OF STATE
 CORPORATION
 2009-09-08 AM 8:16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P11000055759

1. Corporation Name
 ACHIEVEMENT CONSULTING SERVICES, INC.

2. Principal Office Address - No P.O. Box # 1717 N. BAYSHORE DR.		3. Mailing Office Address 1717 N. BAYSHORE DR.	
Suite, Apt. #, etc. UNIT PHD 41		Suite, Apt. #, etc. UNIT PHD 41	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33132	Country	Zip 33132	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
 C6/15/2011

5. FEI Number 45-2536242	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
 LARRY M. SPRING, JR.

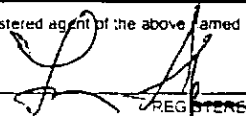
Street Address (P.O. Box Numbers Not Acceptable)
 1717 N. BAYSHORE DR.

Suite, Apt. #, Etc.
 UNIT PHD 41

City MIAMI	State FL	Zip Code 33132
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700351790797
 09/09/20--01004--007 **1350.00

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  Date 9/3/2009

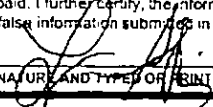
REGISTERED AGENT MUST SIGN

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
P	LARRY M. SPRING, JR.	1717 N. BAYSHORE DR. UNIT PHD 41	MIAMI, FL 33132

10. E-mail Address: LarryMSpring@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:  LARRY M. SPRING, JR. (P) 09/03/2020

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SEP 3 2009
 DIVISION OF CORPORATIONS



12905 SW 42 STREET Suite: 210
 MIAMI, FL 33175
 Phone: 305-444-4994
 Email: filing@ecfsfiling.com

*Bill
1st*

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Achievement Consulting Services Inc.
 (CORPORATE NAME) (DOCUMENT #)
2. _____ P11000055759
 (CORPORATE NAME) (DOCUMENT #)
3. _____
 (CORPORATE NAME) (DOCUMENT #)

Walk-In

Pick up time: _____

Certified Copy

Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input checked="" type="checkbox"/>	Other: <i>reinstatement</i>

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

** please do reinstatement first and then amendment. **