

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 JAN -7 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P14000017441

1. Corporation Name

MA CONSULTING INC

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

3903 Northdale Blvd

Suite, Apt. #, etc

Ste 100E

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Office Address

3903 Northdale Blvd

Suite, Apt. #, etc

Ste 100E

City & State

Tampa, FL

Zip

33624

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/14

5. FET Number

46-4898862

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SATEL LAW, PLLC

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

3903 NORTHDAL BLVD.

Suite, Apt. #, Etc

STE 100E

City

TAMPA

State

FL

Zip Code

33624

800323278948
01/09/19--01009--010 **1358.75

Reinst.
15-19

01-9-19
DC

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

REGISTERED AGENT MUST SIGN

Date 01/04/19

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	MOHAMMED ALHARMOOSH	3799 AKERS DRIVE	MOUNT AIRY / MD / 21771

10. E-mail Address: LAURIE@SATELLAWFIRM.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:

Mohammed AlharMoosh, by Laurie Satel, his attorney-in-fact

01/04/19

813-563-0636

Date

Daytime Phone #