

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 AUG -2 PM 12:40

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000074255

1. Corporation Name

CEL CONSULTING INC.

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

4407 CASELLA DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

4407 CASELLA DRIVE

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

City & State

WESLEY CHAPEL, FL

Zip

33543

Country

USA

Zip

33543

Country

USA

800413308228

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2017

5. FEI Number

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

DR. CARL LAVORATA

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

4407 CASELLA DRIVE

Suite, Apt. #, Etc.

City

WESLEY CHAPEL, FL

State

FL

Zip Code

33543

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

Dr. Carl Lavorata

REGISTERED AGENT MUST SIGN

Date AUGUST 1, 2023

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	DR. CARL LAVORATA	4407 CASELLA DRIVE	WESLEY CHAPEL, FL 33543

REINSTATEMENT

RECEIVED

R. HUNT

10. E-mail Address: drcarl@optonline.net

(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. Carl Lavorata

DR. CARL LAVORATA

AUGUST 1, 2023

516-984-2589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 8/2/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1168546

ORDER ENTITY
CEL CONSULTING INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CEL CONSULTING INC. (FL)

File the attached reinstatement document

File IS

NOTES:

\$1,500.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

[Signature]

RECEIVED
2023 AUG -2 PM 2:51
DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.