

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *reinstatement*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 JAN 31 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P28616**

1. Corporation Name

**CONSOLIDATED ADMINISTRATORS, INC.**

Principal Place of Business

Mailing Address

2700 WYCLIFF RD.  
STE. #400  
RALEIGH NC 27607  
US

PO BOX 37429  
RALEIGH NC 27627  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1990

5. FEI Number

58-1451375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HILL, GUY W	10207 MELVIN ARNOLD RD.	RALEIGH NC 27612
VD	BRZUSKA, JOSEPH F JR	1011 QUEENFERRY	CARY NC 27511
S	HILL, ADELA L	10207 MELVIN ARNOLD RD.	RALEIGH NC 27612
S	Nancy A. Blastic	2600 Wekiva Spring Road	Longwood, FL 32779
AS	ELLEDGE, MICHAEL C	4516 BROST COURT	RALEIGH NC
T	David L. Willis	2600 Wekiva Springs Road	Longwood FL 32779
VD	HILL, JOHN MICHAEL	1505 KELTON DRIVE	RALEIGH NC
CEO	A. Marshall Snipes	3501 NW 63rd, Suite 500	Oklahoma City, OK 73116

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Nancy A. Blastic

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

2600 Wekiva Springs Road

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Nancy A. Blastic*

REGISTERED AGENT MUST SIGN

Date

1/30/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Nancy A. Blastic*

Nancy A. Blastic

Date

1/30/97

Daytime Phone #

(407) 788-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (7/96)