

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 20 PM 2: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 93000003796

1. Entity Name
FLORIDA CONSULTING, INC.



Principal Place of Business
205 WORTH AVE
SUITE 201
PALM BEACH, FL 33480

Mailing Address
4436 NW 50TH STREET
OKLAHOMA CITY, OK 73112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132006

REIN-P

CR2E098 (11/05)

4. FEI Number

65-0375203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
236 E 6TH AVE
TALLAHASSEE, FL 32303

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

10/24/06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KUYKENDALL, H.G.
STREET ADDRESS 2295 S OCEAN BLVD #623
CITY-ST-ZIP PALM BEACH, FL 33489

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME KUYKENDALL, C.H.
STREET ADDRESS 3400 S OCEAN BLVD #3-C
CITY-ST-ZIP PALM SPRINGS, FL 33480

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-06

Date

405 943 9635

Daytime Phone