

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000074897**

1. Corporation Name

**CONSULTING SERVICE & INFORMATION, INC.**

Principal Place of Business

Mailing Address

6276 AVENTURA DRIVE  
SARASOTA FL 34241  
US

6276 AVENTURA DRIVE  
SARASOTA FL 34241  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0442429

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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	4 City / State / Zip
PD	FARRELL, LAURA	6276 AVENTURA DRIVE	SARASOTA FL 34241
V	FARRELL, DANIEL J 111	6276 AVENTURA DRIVE	SARASOTA FL 34241

000025331490  
12/08/03--01087--006 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FARRELL, LAURA  
6276 AVENTURA DRIVE  
SARASOTA FL 34241

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent   
REGISTERED AGENT MUST SIGN

Date 12/6/2003

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., 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: 12/6/2003 941-927-7654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (7/03)