

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

96 DEC 27 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 094000042995

1 Corporation Name

Threshold Consulting Group, Inc.

Principal Place of Business

Mailing Address

224 Keyser Lane  
Pace, FL 32571-1511

224 Keyser Lane  
Pace, FL 32571-1511

**REINSTATEMENT**

9600

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

June 6, 1994

~~224 Keyser Lane~~

~~224 Keyser Lane~~

5. FEI Number

59-3246054

Applied For

Not Applicable

City & State

City & State

Pace, FL

Pace, FL

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

32571-1511

Country USA

32571-1511

Country USA

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

1 Titles	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
Director	Bruce S. Whitmarsh	224 Keyser Lane	Pace, FL 32571-1511
Director	Paul Frederick	3237 Copper Ridge Circle	Cantonment, FL 32533

400002044334--3  
-01/03/97--01061--009  
\*\*\*\*383.75 \*\*\*\*383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bruce S. Whitmarsh  
224 Keyser Lane  
Pace, Florida 32571-1511

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2040 (12/95)

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

*Bruce S. Whitmarsh*

REGISTERED AGENT MUST SIGN

Date December 16, 1996

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

*Bruce S. Whitmarsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 16, 1996

Date

Daytime Phone #