

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 PM 1:01

DOCUMENT # P94000087030

1. Corporation Name

CONSOLIDATION SERVICES, INC.

Principal Place of Business

Mailing Address

1320 E OAK ST  
ARCADIA FL 34266  
US

PO BOX 1311  
ARCADIA FL 34265  
US



REINSTATEMENT 00

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

11/29/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0539656

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ALLEN, ROBERT	1320 E OAK ST 125.12TH AVE	ARCADIA FL 34266
P	ALLEN, ROBERT	1320 E OAK ST 11	ARCADIA FL 34266
VSTD	ALLEN, ROBERT	1320 E OAK ST 11	ARCADIA FL 34266
			200003488162--1 -12/05/00--01101--018 ****750.00 ****750.00
			8/12/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, ROBERT  
12 S. 12TH AVENUE  
~~1320 E OAK ST~~  
ARCADIA FL 34266

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)  
ROBERT E. ALLEN

Date

Daytime Phone #

10/20/00 863-9931727

CR2E040 (9/00)