

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000093338

1. Corporation Name

L.C.P. CONSULTANTS, INC

Principal Place of Business

Mailing Address

8205 NW 8th PLACE  
PLANTATION FL. 33324

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

12/23/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0550841

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	KENNETH R. KRAMER	8205 NW 8th PLACE PLANTATION FL 33324	PLANTATION FL 33324
DIR	LINDA C. KRAMER	8205 NW 8th PLACE	PLANTATION FL 33324

100003007671--4  
-10/06/99--01080--006  
\*\*\*\*300.00 \*\*\*\*300.00

98-99:1 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNETH R. KRAMER  
8205 NW 8th PLACE  
PLANTATION FL. 33324

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9/24/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

*[Signature]* KENNETH R. KRAMER

Date

9/24/99

Daytime Phone #

954 474 7010

CR2081 (12/98)

**L. C. P. CONSULTANTS, INC.**  
Communication Consultants

8205 NW 8<sup>th</sup> Place  
Plantation, FL 33324  
Phone: (954) 474-7040  
Fax: (954) 236-4501  
E-mail lcp@email.msn.com

September 24, 1999



Divisions of Corporations  
P.O. Box 6327  
Tallahassee Fl. 32314

To whom it may concern:

Enclosed please find check in the amount of \$300.00 for the years 1998 and 1999. I have never received a notice from your office, as you are aware about the annual registration fee.

Sincerely,



Kenneth R. Kramer  
President