

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000008766

1. Corporation Name

CONSULTING CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1313 DIVOT LN
TAMPA FL 33612

1313 DIVOT LN
TAMPA FL 33612

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1995

5. FEI Number

59-3339945

Applied For

Not Applicable

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	WILLIAMS, GUY A	1313 DIVOT LN	TAMPA FL 33612
			800004659578--3
			10/30/01 01077 011
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, GREGORY L
712 SOUTH OREGON AVE.
TAMPA FL 33606

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

GUY A WILLIAMS
REGISTERED AGENT MUST SIGN

Date 10/14/01

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:

GUY A WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/01

813 309 7948
Daytime Phone #

CR2E040 (8/01)

Florida Dept of State
Division of Corporations

Sept 14, 2001

Consulting Contractors
1313 Divot Ln.
Tampa, FL 33612

As instructed by your office I write
this letter.

Consulting Contractors, Inc did not receive
the January 1, 2001 notice for annual/uniform
business report. Consulting Contractors, Inc.
did not receive the May 1, 2001 notice
for an annual report/uniform business
report to maintain an active status.

Please accept this letter of explanation
along with the fee enclosed.
We thank you for your consideration.

Duy Williams

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