

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg. 1062

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 APR -1 AM 8:28

DOCUMENT # **P95000022700** 1996-1997

1. Corporation Name

PICK CONSULTANTS, INC

Annual Report

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2000 LAKE APT 5
TALLAHASSEE FL 32304~~

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

7676 CLUBHOUSE EST DR

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/95

5. FEI Number

59-3303183

Applied For

Not Applicable

City & State

ORLANDO FL

City & State

Zip

32819

Country

U.S.A

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MALCOLM BETH	7676 CLUBHOUSE EST DR	ORLANDO FL 32819

000002132590-7
-04/03/97--01061--001
***365.00 ***365.00

D. J. Law
9/1/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVE,
CORAL GABLES
FL 33134**

Name **MALCOLM BETH**
Street Address (P.O. Box Number is Not Acceptable)
7676 CLUBHOUSE EST DR
Suite, Apt. #, Etc.
City **ORLANDO** State **FL** Zip Code **32819**

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]

Amerilawyer, Chartered

REGISTERED AGENT MUST SIGN

MALCOLM BETH Date **01/16/97**
Lawrence J. Spiegel, President

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:

[Signature] **MALCOLM BETH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-96 **407-248-2495**

Date

Daytime Phone #

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Pick Consultants, Inc.
7676 Clubhouse Est. Dr.,
Orlando, FL 32819
407-248-2495

March 27th, 1997

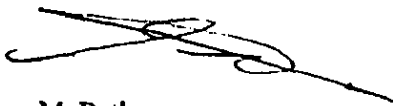
Attn.: Amy Alan
Florida Dept. of State
Division of Corp.
PO. Box 6327
Tallahassee, FL 32314

Dear Miss. Alan,

As discussed on the phone with you earlier this week, I am enclosing a check for the sum of \$365.00, this being the payments for my annual reports for 1996 (\$200.00) and 1997 (\$165.00). I am also enclosing my reinstatement form. Again, I apologize for not filing my annual reports and I appreciate your cooperation concerning my company.

Again please find enclosed the agreed payment of \$365.00 and the completed reinstatement form.

Yours sincerely,



M. Beth