

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1682

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 AM 11:51

DOCUMENT # P 95000630211

1. Corporation Name

PROJECT CONSULTANTS & ASSOCIATES, INC.

2. Principal Office Address

7575 Dr. Phillips Road

Suite, Apt. #, etc.

Suite 335

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

7575 Dr. Phillips Road

Suite, Apt. #, etc.

Suite 335

City & State

Orlando, FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 4/13/95

5. FEI Number

59-3313738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

L.W. Umstadter

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

7011 Somerton Boulevard

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819-5022

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date June 2, 2000

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	L.W. Umstadter	7011 Somerton Boulevard	Orlando, FL 32819-5022
D	Darlene Umstadter	7011 Somerton Boulevard	Orlando, FL 32819-5022

10. 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

Darlene W. Umstadter

06/02/00

(407) 345-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

2682

Project Consultants & Associates, Inc.

7575 Dr. Phillips Blvd. / Suite 335
Orlando, FL 32819

(407) 345-0555
FAX (407) 345-0541

Attachment
P95000030211

June 2, 2000

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Corporation Reinstatement
FEI Number 59-3313738

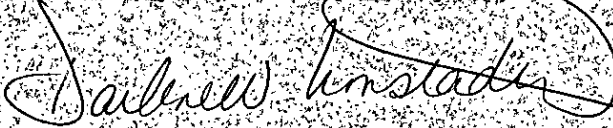
Dear Sir or Madam:

Enclosed you will please find our check, #1205 in the amount of \$615.00, to reinstate our corporation.

I called and spoke to a very nice young lady in your office, Stacy, this afternoon, to question the reinstatement fee. I told her we had not received any annual statements for a while and that an attorney friend had discovered we were not an active corporation.

Once Stacy checked the files, she discovered that indeed, the U. S. Postal Service had returned the statements to you in 1997. Therefore, she told me to send the reinstatement fee of \$615.00.

Thank you...and have a great day!



Darlene W. Umstadter
Secretary/Treasurer

/dw

Enclosures