

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 AM 11:31

DOCUMENT # **PA5000034144**

1. Corporation Name

**STEVEN DUNLAP CONSULTING FIRM, INC.**

2. Principal Office Address

**1717 MAGNOLIA AVE**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

Zip

**32503**

Country

**ESCAMBIA**

3. Mailing Office Address

**P.O. BOX 12355**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

Zip

**32502-2355**

Country

**ESCAMBIA**

**REINSTATEMENT**

**96-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/27/1995**

5. FEI Number

**432026154**

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

**STEVEN DUNLAP**

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

**1717 MAGNOLIA AVE**

Suite, Apt. #, Etc.

City

**PENSACOLA**

**600004212296**

**05/11/01 01098 016**

**\*\*\*1508.75 \*\*\*1508.75**

State

**FL**

Zip Code

**32503**

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

REGISTERED AGENT MUST SIGN

Date **4/26/2001**

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

**Pres STEVEN DUNLAP**

**1717 MAGNOLIA AVE**

**PENSACOLA, FL 32503**

**SVP BENJAMIN DUNLAP**

**1877 GULF BVD Unit 1**

**NAVAHO, FL 32566**

**Secy HAROLD F. SMITH**

**5583 HUNNAY RD Ste 210**

**Memphis, TN 38119**

**4/26/01**

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/2001**

Date

**850-438-0252**

Daytime Phone #