

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 31 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038765

1. Corporation Name

SILICON BEACH CONSULTING, INC.

Principal Place of Business
3230 W. COMMERCIAL BLVD.
SUITE 150
FT. LAUDERDALE FL 33309
US

Mailing Address
3230 W. COMMERCIAL BLVD.
SUITE 150
FT. LAUDERDALE FL 33309
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8930 ST. RD. 84

Suite, Apt. #, etc.

#153

City & State
DAVIE, FL

Zip
33324

Country

3. New Mailing Office Address, If Applicable

8930 ST. RD. 84

Suite, Apt. #, etc.

#153

City & State
DAVIE, FL

Zip
33324

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1995

5. FEI Number

65-0586128

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVST	LAUTENSCHLAGER, MARK	1931-SABAL-PALM DRIVE APT 407 3521 SOUTHERN ORCHARD RD. E.	FT. LAUDERDALE FL 33324 DAVIE, FL 33328
D	LAUTENSCHLAGER, MARK	1931-SABAL-PALM DRIVE APT 407 3521 SOUTHERN ORCHARD RD. E.	FT. LAUDERDALE FL 33324 DAVIE, FL 33328

600002393296--9
-01/07/98--01105--021
****758.75 ****758.75

8. Name and Address of Current Registered Agent

JONES, H. EDWARD CPA
3230 WEST COMMERCIAL BLVD. STE 150
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

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

Mark Lautenschlager
REGISTERED AGENT MUST SIGN

Date

12/15/97

11. This corporation owes or has paid 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:

Mark Lautenschlager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Lautenschlager

12-15-97

Date

954-472-0686
Daytime Phone #