

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
J. B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041547

1. Corporation Name

NATALE KEYBOARD CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2489 STONECROP ST
PORT ST LUCIE FL 34984

2489 STONECROP ST
PORT ST LUCIE FL 34984

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

05/22/1995

5. FEI Number

65-0606589

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	NATALE, DIANE	2489 STONECROW ST	PT ST LUCIE FL

500002350935--4
-11/18/97--01081--024
****165.00 ****165.00

8. Name and Address of Current Registered Agent

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 *Dianne B. Natale*
REGISTERED AGENT MUST SIGN

Date *Oct 28, 1997*

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:

Natale Keyboard Consultants, Inc.
Dianne B. Natale, Dianne B. Natale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 28, 1997 561-879-0136

CR25040 (8/97)

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NOVICE'S ACCOUNTING & TAX SERVICE, INC. dba
TRIPLE CHECK INCOME TAX SERVICE
NOVICE HOLDEN, EA & TRINA BULGER-WATSON
2506 DELAWARE AVE
FPI PIERCE FL 34947
(407) 461-5987
FAX (407) 461-7933

November 12, 1997

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Natale Keyboard Consultants, Inc.
Doc # P95000041547

Dear Sir:


Please find enclosed a check for \$165.00 for the annual fee for the above corporation, along with the properly signed reinstatement application.


Also enclosed is a copy of the checkstub #1404, for \$165.00. Our records indicate the check was mailed, but never cleared the bank as of 10/31/97. A copy of the applicable bank statement is attached.

We respectfully request the enclosed check be recorded as the timely payment for the 1997 annual report.

Your consideration would be most appreciated.

Sincerely,


Novice Holden, EA
President
Triple Check Income Tax


Dianne B. Natale
President
Natale Keyboard Consultants, Inc.

*check stub shows
it was
mailed in
April 97.*