

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 25 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 950000 64 591

1. Corporation Name

JOANNE Telmosse Consulting, Inc.

2. Principal Office Address

2531 NW 106<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2531 NW 106<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

City & State

Coral Springs, FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/95

5. FEI Number

65-0602695

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

JOANNE Telmosse

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

2531 NW 106<sup>th</sup> Ave

Suite, Apt. #, Etc.

City

Coral Springs, FL 33065

State  
FL

Zip Code

33065

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

*Joanne Telmosse*  
REGISTERED AGENT MUST SIGN

Date 2/21/03

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
P/T/S	JOANNE Telmosse	2531 NW 106 <sup>th</sup> Ave	Coral Springs, FL 33065

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:

*Joanne Telmosse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE Telmosse

2/21/03

Date

454-7551277

Daytime Phone #

CR2E081 (10/02)

2/21/03

**JOANNE TELMOSSE CONSULTING, INC.  
2531 N.W. 106<sup>TH</sup> AVENUE  
CORAL SPRINGS, FLORIDA 33065**

*February 21, 2003*

*Department of State  
Division of Corporations  
P.O. 6327  
Tallahassee, Fl. 32399*

***RE: Document P95000064591***

*Dear Reinstatement Agent:*

*Please process the enclosed corporation reinstatement form for my corporation. I've enclosed a check for \$300.00 for the 2002 and 2003 annual fees, per my telephone conversation with Michelle. Due to a change of address, the annual corporate reports were returned to you by the post office last year.*

*Thanking you in advance for your assistance.*

*Best regards,*

  
*Joanne Telmosse*