

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 26 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000069049**

1 Corporation Name

FS BUSINESS CONSULTANTS, INC.

Principal Place of Business

251 MAITLAND AVE
SUITE 208
ALTAMONTE SPRINGS FL 32701

Mailing Address

251 MAITLAND AVE
SUITE 208
ALTAMONTE SPRINGS FL 32701

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1995

5. FEI Number

☒ 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
D	FAUSEL, GEORGE A	10725 LAZY LAKE DR	ORLANDO FL 32821
D	FAUSEL, JOAN	10725 LAZY LAKE DR	ORLANDO FL 32821
D	STROGIS, ROBERT	2768 BRANDON CT	APOPKA FL 32703
<p>400002046404--2 -01/06/97--01017--019 ***375.00 ***375.00</p> <p>REINSTATEMENT 1996</p> <p><i>G. Alan</i></p>			

8. Name and Address of Current Registered Agent

TAYLOR, ALAN B
390 N ORANGE AVE
SUITE 2200
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name *George A. Fausel*
Street Address (P.O. Box Number (s) Not Acceptable) *251 Maitland Ave*
Suite, Apt. #, Etc. *208*
City *Altamonte Springs* State *FL* Zip Code *32701*

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

George A. Fausel
REGISTERED AGENT MUST SIGN

Date

12/20/96

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. 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:

George A. Fausel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/96
Date

407-321-3111
Daytime Phone