

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

60203

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **D95000092607**

1. Corporation Name

Automation Control Consulting, Inc

2. Principal Office Address

3200 PLAYER DRIVE

3. Mailing Office Address

3200 PLAYER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34655

Country

PASCO

Zip

34655

Country

PASCO

100013276741

02/28/03--01068--005 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1995

5. FEI Number

59-3348917

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

DONALD N. BRYAN

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

3200 PLAYER DR

Suite, Apt. #, Etc.

City

NEW PORT RICHEY, FL

State

FL

Zip Code

34655

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

Donald N. Bryan
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
PRES	DONALD N. BRYAN	3200 PLAYER DRIVE	NEW PORT RICHEY, FL 34655
SEC TREAS	CAROL I. BRYAN	3200 PLAYER DRIVE	NEW PORT RICHEY, FL 34655

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:

Carol I. Bryan, CAROL I BRYAN, SEC. 2/21/03 727-372-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

313

*Automation Control Consulting, Inc.
3200 Player Drive
New Port Richey, FL 34655*

February 21, 2003

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

RE: Reinstatement
Automation Control Consulting, Inc.
FEIN: 59-3348917

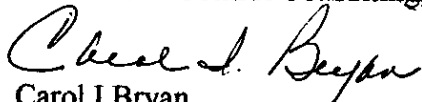
To Whom It May Concern:

Per my conversation with your office, I am requesting reinstatement. We did not receive the notice in 2002 as it was returned by the post office as confirmed by your office.

Please see enclosed check for \$308.75.

Thank you for your assistance.

Sincerely,
Automation Control Consulting, Inc.


Carol I Bryan
Secretary/Treasurer