

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 23 PM 1:40

DOCUMENT # P95000094944

1. Corporation Name

CLOUD CONSULTING, INC.

REINSTATEMENT 03-04

2. Principal Office Address

3111-20 MAHAN DRIVE

Suite, Apt. #, etc.

# 2114

City & State

TALLAHASSEE, FL

Zip

32308

Country

UNITED STATES

3. Mailing Office Address

3111-20 MAHAN DRIVE

Suite, Apt. #, etc.

# 2114

City & State

TALLAHASSEE, FL

Zip

32308

Country

UNITED STATES

4. Date Incorporated or Qualified  
To Do Business in Florida

12-12-95

5. FEI Number

65-0624002

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert WADE CLOUD

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

3111-20 MAHAN DRIVE

Suite, Apt. #, Etc.

# 2114

City

TALLAHASSEE

State

FL

Zip Code

32308

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

Robert Wade Cloud

Date 8-22-04

REGISTERED AGENT MUST SIGN

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
<u>P.D</u>	<u>Robert WADE CLOUD</u>	<u>3111-20 MAHAN DRIVE</u> <u># 2114</u>	<u>TALLAHASSEE, FL 32308</u>

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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:

Robert Wade Cloud

Robert Wade Cloud

8-22-04

850-878-9524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (01/04)