

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 27 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025843

1. Corporation Name

MANAGEMENT & MARKETING CONSULTING, INC.

Principal Place of Business

1706-D CAPITAL CIR NE
#6
TALLAHASSEE FL 32308

Mailing Address

1706-D CAPITAL CIR NE
#6
TALLAHASSEE FL 32308

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



REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3794 PATCH DRIVE
City & State
TALLAHASSEE, FL
Zip
32308 Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3794 PATCH DRIVE
City & State
TALLAHASSEE, FL
Zip
32308 Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1996

5. FEI Number

59-3371652

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WATSON, FRANKLIN	3794 PATCH DR	TALLAHASSEE FL 32308
ST	WATSON, NANCY H	3794 PATCH DR	TALLAHASSEE FL 32308
D	WATSON, MICHAEL S	3794 PATCH DR	TALLAHASSEE FL 32308
D	WATSON, MATTHEW S	3794 PATCH DR	TALLAHASSEE FL 32308
D	WATSON, JULIE M	3794 PATCH DR	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

WATSON, FRANKLIN
3794 PATCH DR
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500003455905-9

-11/07/00-01108-026

***750.00 ***750.00

FL

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

Franklin Watson
SIGNATURE REQUIRED

Date

10/26/00

REGISTERED AGENT MUST SIGN

11. 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.

LS

SIGNATURE:

Franklin Watson
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/00