

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 APR 26 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098222

1. Corporation Name

AXIOM CONSULTING GROUP, INC.

2. Principal Office Address

2930 DEL PRADO BLVD.

Suite, Apt. #, etc.

SUITE D

City & State

CAPE CORAL, FL

Zip

33904

Country

3. Mailing Office Address

2930 DEL PRADO BLVD.

Suite, Apt. #, etc.

SUITE D

City & State

CAPE CORAL, FL

Zip

33904

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/04/1996

5. FEI Number

65-0709902

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

GEORGE FINCEL

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

2930 DEL PRADO BLVD.

Suite, Apt. #, Etc.

SUITE D

City

CAPE CORAL

State
FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date 4-24-02

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
PTSD	FINCEL, GEORGE	2930-D DEL PRADO BLVD.	CAPE CORAL, FL 33904

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:

George Fincel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

239-542-2202

Daytime Phone #

REINSTATEMENT 01-02

CR2001 (9/01)

OK 5/6/02



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 16, 2002

AXIOM CONSULTING GROUP, INC.
2930 DEL PRADO BLVD
STE D
CAPE CORAL, FL 33904 US

SUBJECT: AXIOM CONSULTING GROUP, INC.
Ref. Number: P96000098222

We have received your document for AXIOM CONSULTING GROUP, INC. and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 302A00022659