

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 14 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030597

1. Corporation Name

Suffolk Consortium, Inc.

2. Principal Office Address

3810 Inverrary Blvd

Suite, Apt. #, etc.

102D

City & State

Lauderhill, Florida

Zip

33319

Country

USA

3. Mailing Office Address

7110 NW 4th Avenue

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33487

Country

USA

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

04/03/1997

5. FEI Number

65-0743694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Neal Simmons, CPA

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

7110 NW 4th Avenue

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

200021499148
07/11/03--01068--003 **1093.75

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

Neal Simmons

Date 07/10/03

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
PD	Eugene Benjamin Butler	5557 W. Oakland Park Blvd	Lauderhill, FL 33313
TD	Neal Simmons	7110 NW 4th Avenue	Boca Raton, FL 33487

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:

Neal Simmons

Neal Simmons, Treasurer

07/10/03

(561)997-2463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE001 (10/02)

9/7/14