

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 JUN 20 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Maverick Consulting Services, Incorporated

Document Number: P97000049212

**2. Principal Office Address**

5627 Tournament Drive

**3. Mailing Office Address**

5627 Tournament Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haymarket, VA

City & State

Haymarket, VA

Zip

20169

Country

USA

Zip

20169

Country

USA

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

06/03/97

**5. FEI Number**

593451231

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

01-05

**7. Name and Address of Current Registered Agent**

Name  
Jim E. Gase

Street Address (P.O. Box Number is Not Acceptable)  
280 West Canton Avenue

Suite, Apt. #, Etc.  
Suite ~~230~~ 110

City  
Winter Park

State  
FL

Zip Code  
32789

**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

*James E. Gase*  
REGISTERED AGENT MUST SIGN

Date **6-16-05**

**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
P	Shelia J. Burgess	5627 Tournament Drive	Haymarket, VA 20169

200056356182  
06/20/05--01079--002 \*\*1350.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Shelia Burgess*

06 June 05

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CR2E001 (01/05)