

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000050597

1. Corporation Name

INTECH CONSULTING, INC.

Principal Place of Business

Mailing Address

~~16800 GULF BLVD~~ 16907 GULF BLVD  
~~42~~  
N REDINGTON BCH FL 33708  
US

13799 78TH AVENUE N  
300  
SEMINOLE FL 33776  
US

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

2. New Principal Office Address, If Applicable

16907 GULF BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/06/1997

5. FEI Number

59-3458968

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>D</del>	<del>AULISIO, LORRAINE M</del>	<del>16800 GULF BLVD #12</del>	<del>N REDINGTON BCH FL 33708</del>
V/D	CLINTON, JOHN	<del>7 SOUTHGATE ROAD</del> 91 GRAVELLY BROOK RD	<del>KENNEBUNK ME 04043</del> KENNEBUNKPORT, ME 04046
P/D	ROSS, LORRAINE AULISIO	16800 GULF BLVD #12	N. REDINGTON BEACH, FL 33708
			800004693818--1
			11/26/01 01078-018
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

IBRIG, WILLIAM KENT  
401 EAST JACKSON STREET  
SUITE 2400  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name: Interstate Registered Agent Corp.  
Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Ave., Suite 3000  
Suite, Apt. #, Etc.  
City: Miami State: FL Zip Code: 33131

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.

INTERSTATE REGISTERED AGENT CORPORATION

Signature of Registered Agent By:

Robert L. Gramling, Vice President

Date November 16, 2001

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.

SIGNATURE:

Lorraine A. Ross President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-01

Date

727-397-4409

Daytime Phone #

CR2040 (8/01)

Holland & Knight LLP  
Remitter's Name  
375 So. Calhoun Street  
Address  
425-5675  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Intech Consulting, Inc P97-50597  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Non-Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☒ Reinstatement  
☐ Trademark  
☐ Other

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

01 NOV 19 61 AM 10 31

RECEIVED

Examiner's Initials