

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 22 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086680

1. Corporation Name

IHB Consulting, Inc.

2. Principal Office Address

1025 Worthington Spring Dr.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32940

Country

USA

3. Mailing Office Address

1025 Worthington Spring Dr.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32940

Country

USA

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

10/06/1997

5. FEI Number

593474075

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

Walter J. Scott, III

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

1025 Worthington Spring Dr.

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code
32940

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

Walter J. Scott, III

REGISTERED AGENT MUST SIGN

Date 01/16/2003

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/D	Walter J. Scott, III	1025 Worthington Spring Dr.	Melbourne, FL 32940
T/S/D	Jo Ann Scott	1025 Worthington Spring Dr.	Melbourne, FL 32940

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:

Walter J. Scott, III

Walter J. Scott, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2003 321.794.5428

Date

Daytime Phone #

CR2E081 (10/02)

gr 1/23