

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$ 458.75
10/2

CORPORATION
REINSTATEMENT

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

FILED

01 JUN -6 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108553

1. Corporation Name

Tcherneshoff Consulting, Inc.

2. Principal Office Address

4401 SW 25 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

← same

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

33914

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/97

5. FEI Number

65-0799521

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

Phyllis Tcherneshoff

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

4401 SW 25 AVENUE

Suite, Apt. #, Etc.

City

Cape Coral,

State

FL

Zip Code

33914

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

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	Phyllis Tcherneshoff	4401 SW 25 AVENUE	Cape Coral, FL 33914
VP	Ivirk Tcherneshoff	4401 SW 25 AVENUE	Cape Coral, FL 33914
	351-25-AK		
	10-00-ARROS		
	88.75-ARSEP		

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:

Phyllis Tcherneshoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-01 941 549-5170

Date

Daytime Phone #

CR2E081 (9/00)

2012 

Dear Terrie,

Please be advised
that we never received any
forms to file anything
after we filed our original
corporation papers. Please find
enclosed a check for \$458.75
which will cover our filing
fees for 1999, 2000, 2001, + \$8.75
for our certificate of status.
Please return to me ASAP
so that we may operate
properly. Thank you.

Sincerely,
Kim Tcherneshoff