

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 4:22

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000004392**

1. Corporation Name

**HIGH-TECH COMMUNICATIONS
CONSULTING, INC.**

2. Principal Office Address - No P.O. Box #

3419 Skysail Pl. 3419 SKYSAIL PL.

Suite, Apt. #, etc.

3. Mailing Office Address

3419 SKYSAIL PL.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

300180671133

05/11/10--01005--011 **450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/1998

5. FEI Number

223437895

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

BARBARA K. ESCHER

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

3419 Skysail Place

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

Barbara K. Escher

REGISTERED AGENT MUST SIGN

Date **5/1/2010**

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
PRES	BARBARA ESCHER	3419 SKYSAIL PL.	TAMPA, FL 33607

10. E-mail Address: **BARBARA@YOURMARKETINGTEAM.COM**

(To be used for future annual report notification)

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. I further certify, 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:

Barbara K. Escher

BARBARA K. ESCHER

5/1/2010

813-260-0185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/2010