

APPLICATION
FOR
REINSTATEMENT

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

99 NOV 22 PM 1:36

Mailing Address

4270 ALOMA AVENUE
WINTER PARK FL 32792



3 New Mailing Office Address, If Applicable

4270 Aloma Ave.

Suite, Apt. #, etc.

Suite 124-51C

City & State
Winter Park FL

Country **USA**

Country USA

01/26/1998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

Title(s)

Name of Officers
and/or Directors

Street Address of Each Officer and/or Director

City / State / Zip

Oviedo FL 32765

600003059186--5
-12/02/99--01076--001
***150.00 ***150.00

11/25

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

Sta	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Zip Code

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.

Summary of Key findings and conclusions

Kathi Kunkel Zellard

Date 11-17-99

REGISTERED AGENT MUST SIGN

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:

Kathie Kunkel Halland, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathie Kunkel Holland

11-17-99

Date _____

407-977-9774

Daytime Phone #

0010323 AF



November 17, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing to request that my corporation be reinstated having just received instructions from your office.

I did not receive any notices from the Department about submitting a corporation annual report. The first I knew about the requirement for an annual report was when I received this Notice of Administrative Dissolution.

Upon examination of this Notice, I realized that my mailing address was incomplete as my suite number is not included in the mailing address. When I checked my Articles of Incorporation, I noticed that my suite number is included. Therefore, I am sure that I provided you with my complete address when I initially filed for incorporation.

I have completed the Application for Reinstatement and have included my check for \$150.00.

Will you kindly correct my address in your files? I am in Suite 124-51C. The entire address should be:
Certified Consultants Institute, Inc.
4270 Aloma Ave., Suite 124-51C
Winter Park, FL 32792

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kathie Kunkel Holland".

Kathie Kunkel Holland CMC
President

Phone: (407) 977-9774
Fax: (407) 977-9775
kholland@cmconsultants.com