

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 24 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009007

1. Corporation Name

BULLARD Consulting, INC.

800004882798--6
-02/05/02--01034--004
****900.00 ****900.00

2. Principal Office Address

22205 SW 114 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33170

Country

USA

3. Mailing Office Address

9032 SW 152ND ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0811786

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

ANTHONY BERNARD

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

9032 SW 152ND STREET

FL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Anthony Bernard
REGISTERED AGENT MUST SIGN

Date

1/7/02

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

PSD LENNOX E. BULLARD 22205 SW 114 COURT MIAMI, FL. 33170

VP LENNOX E. BULLARD 22205 SW 114 COURT MIAMI, FL. 33170

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:

Lennox Bullard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/02

Daytime Phone #

CR2E081 (9/00)