

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -2 PM 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017803

1. Corporation Name

P.S. Dennis Consultants, Inc.

W06-31746

2. Principal Office Address

16330 Vintage Oaks Lane

3. Mailing Office Address

200 S. Orange Ave.

Suite, Apt. #, etc.

Delray Beach

Suite, Apt. #, etc.

Suite 2300

City & State

FL

City & State

Orlando, FL

Zip

33484

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/98

5. EFL Number

650815161

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

A.G.C. Co.

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

200 S. Orange Ave.

Suite, Apt. #, Etc.

Suite 2300

City

Orlando

State

FL

Zip Code

32801

700078488427

08/09/06--01003--003 **1030.00

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

Paul S. Dennis
REGISTERED AGENT MUST SIGN

Date 7/28/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Paul S. Dennis	16330 Vintage Oaks Lane	Delray Beach, FL 33484

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 contained in Chapter 119, 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:

Paul S. Dennis

Paul S. Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/06

Date

(216) 831-6600

Daytime Phone #