

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 13 AM 9:34

DOCUMENT # P98000021756

1. Corporation Name

THE List Consultants, Inc.

2. Principal Office Address

2335 E. ATLANTIC BLVD

Suite, Apt. #, etc.

404

City & State

POMPAHO BEACH, FL

Zip

33062

Country

USA

3. Mailing Office Address

6466 NW 5 WAY

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/98

5. FEI Number

65-0841886

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

PETER DENICHOLAS

300004704253-3

-12/04/01--01036-016

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

27 S.E. 24 AVENUE #8

***900.00 ***900.00

Suite, Apt. #, Etc.

City

POMPAHO BEACH

State

FL

Zip Code

33062

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

[Signature]

Date 11/7/01

REGISTERED AGENT MUST SIGN

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	Peter De Nicholas	27 SE 24 AVENUE #8	POMPAHO BEACH, FL 33062

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/01

Daytime Phone #