

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC 12 PM 4:11  
TALLAHASSEE, FLORIDA

DOCUMENT # *98000023383*

1. Corporation Name

A.P.D. CONSULTING, INC.

2. Principal Office Address

22613 Middletown Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

12 Abbey Road

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Jackson, NJ

Zip

33428

Country

USA

Zip

08527

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

☐ 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

AROLDO CARVALHO

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

22613 Middletown Dr.

Suite, Apt. #, Etc.

City

Boca Raton, FL

500061511905

11/17/05--01030--001 \*\*750.00

500061511905

12/15/05--01029--009 \*\*150.00

State

FL

Zip Code

33428

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

REGISTERED AGENT MUST SIGN

Date

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	AROLDO CARVALHO	22613 Middletown Dr.	Boca Raton, FL 33428
			<i>04-05</i>
		<i>REINSTATE</i>	
			<i>T. Roberts DEC 12 2005</i>

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

Daytime Phone #