

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 13 AM 9:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000046047

1. Corporation Name

OMNI MANAGEMENT & CONSULTANTS UNLIMITED, INC.

Principal Place of Business

Mailing Address

160 INTERNATIONAL PKWY
SUITE 140
HEATHROW FL 32746
US

160 INTERNATIONAL PKWY
SUITE 140
HEATHROW FL 32746
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3515336

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MCCLANDON, JOEANN	1623 BRIDGEWATER DR	LAKE MARY FL 32746
VP	JOHNSON, ROBERT L	640 CIRCLEWOOD TERRACE 211 New Gate Loop	LAKE MARY FL 32746
T	JOHNSON, DEBRA D	640 CIRCLEWOOD TERRACE 211 New Gate Loop	LAKE MARY FL 32746
S	BUFORD, CAROL	640 CIRCLEWOOD TERRACE 1690 Bridgewater Drive	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

F & L CORP.
200 NORTH LAURA STREET
JACKSONVILLE FL 32202

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/13/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Carol A.J. Buford - Sec.

10/15/2003

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333-9445