

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -4 PM 12:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000046876

1. Corporation Name

Sphere Consulting Group, Inc.

2. Principal Office Address

2534 Manor Walk

Suite, Apt. #, etc.

City & State

Decatur, Georgia

Zip

30030

Country

United States

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/22/98

5. FEI Number

65-0841566

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

Mercedes Robinson

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

846 Ashton Cove

Suite, Apt. #, Etc.

City

Jacksonville

200028173262
02/04/04--01010--005 **300.00
State Zip Code
FL 32218

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

Date 1/22/04

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/T	Trox A. Austell	2534 Manor Walk	Decatur, Georgia 30030

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:

Trox A. Austell

1/22/04

(404) 245-6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sphere Consulting Group, Inc.

January 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Request for Reinstatement of Sphere Consulting Group, Inc.

Dear Sir/Madam:

We are sending this letter and the attached application to update our status with the Florida Department of State.

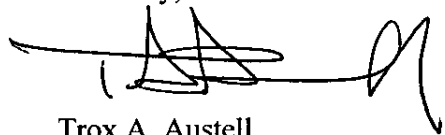
During 2002, Sphere's ownership and principal office location changed as noted on the attached form. We mailed this revision to your office along with our corporation fee of \$150 but have never received correspondence regarding our status. Our bank records indicate that our check from the 2002 was cashed but our status was not updated.

We are requesting a waiver of the late fee and have enclosed a check in the amount of \$300.00 to cover current charges.

We have also forwarded the subject changes to the State's Corporation Amendment Section as required.

Please contact me at (404) 245-6790 if we can be of further assistance.

Sincerely,



Trox A. Austell
President/CEO