

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 15 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000051202**

1. Corporation Name  
**Livingston Consulting Services, Inc.**  
**9 SW 13th Street Suite 1**  
**Fort Lauderdale, FL 33315**

2. Principal Office Address  
**9 SW 13th Street**

3. Mailing Office Address  
**9 SW 13th Street**

Suite, Apt. #, etc.

**Suite 1**

Suite, Apt. #, etc.

**Suite 1**

City & State

**Fort Lauderdale FL**

City & State

**Fort Lauderdale, FL**

Zip

**33315**

Country

**USA**

Zip

**33315**

Country

**USA**

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida **6-9-1998**

5. FEI Number  
**65-0847043**

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 **Tom Andrews**

Street Address (P.O. Box Number is Not Acceptable)  
**9 SW 13th Street**

Suite, Apt. #, Etc.

**#2**

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33315**

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

**Tom Andrews**

REGISTERED AGENT MUST SIGN

Date **11-14-05**

**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
Prec	James Livingston	9 SW 13th Street	Fort Lauderdale, FL 33315

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

**8-14-05** **954-764-2424**

Date

Daytime Phone #

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Florida Department of State Division of Corp  
PO Box 6327  
Tallahassee, FL 32314

RE: Livingston Consulting P98000051202

To Whom It May Concern:

I am writing this letter in response to the attached notice. Livingston consulting is located in Suite 2 of 9 SW 13<sup>th</sup> Street Fort Lauderdale, FL. The department of state has been sending the UBR reports to the wrong address. We respectfully request that the Department of State process the \$150 check already on file and re-instate the corporation using the correct address of 9 SW 13<sup>th</sup> Street Suite 2. 204

Sincerely,

  
Jim Livingston