

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
------------------------------	--	---

DOCUMENT # P98000051202

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

2. Principal Office Address <u>9 SW 13th Street</u> Suite, Apt. #, etc. <u>Suite 1</u> City & State <u>Fort Lauderdale, FL</u> Zip <u>33315</u>	3. Mailing Office Address <u>9 SW 13th Street</u> Suite, Apt. #, etc. <u>Suite 1</u> City & State <u>Fort Lauderdale, FL</u> Zip <u>33315</u>
--	--

FILED

05 DEC 15 2011 11:20

SECRETARY OF STATE
 LILLIAN S. ALLEN, CLERK

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

Date 11-14-05

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
Pres	<u>James Livingston</u>	<u>9 SW 13th Street</u>	<u>Fort Lauderdale, FL 33315</u>
		<u>6000061869556</u>	<u>12/02/05-01051-005 **\$150.00</u>
	<u>REINSTATEMENT 04-05</u>		
		<u>6000061869556</u>	<u>12/02/05-01051-006 **\$150.00</u>
		<u>B 12/14/05</u>	

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: Tom Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-14-05 954-764-2424

PAGE 202

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 13th Street Fort Lauderdale, FL. The department of state has been sending the UBR reports to the wrong address. We respectfully request that the ²⁰⁴ Department of State process the \$150 check already on file and re-instate the corporation using the correct address of 9 SW 13th Street Suite 2.

Sincerely


Jim Livingston