

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 27 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051203

1. Corporation Name

Livingston Consulting Services

REINSTATEMENT 07-10

900181436379
05/27/10--01048--002 **150.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

9 SW 13th St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Zip

33315

Country

USA

Zip

Country

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 St

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33315

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

900181436379
05/27/10--01048--003 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/18/2010

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	James Livingston	9 SW 13th St	Ft Lauderdale, FL
			33315

10. E-mail Address: Charlene @Jagcpa.com

(To be used for future annual report notification)

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. I further certify, 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

18 May 2010 (954) 684-8442

Date

Daytime Phone #

205/28