PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P98000059967 **DOCUMENT #**

1. Corporation Name

WILLIAM J. PALMER CONSULTING, INC.



00 OCT 16 AM 7:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Ac				Iress						
000 11211 11202111 000111 11 11 11				800 TRAFALGAR COURT #200 MAITLAND FL 32751						
16 - 1	~_ 	incorrect in any way line	through incorrect is	nformation and e	nter correction below.					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail				ling Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 07/07/1998				
Suite, Apt. #, etc.			Suite, Apt. #	, etc.		5. FEI Number			Applied For	
City & State			City & State			6.	59-3523713	\$8.75. Add	Not Applicable itional Fee required	
Zìp		Country	Zip		ountry	<u> </u>	E OF STATUS DESIRED		rtificate of Status	
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	orida nonprofit co	rporations must list at le	east 3 directors)	<u>,</u>			
Title(s)	Name of Officers and/or Directors			3	Street Address of Eac Officer and/or Directo		City / State / Zip			
Р	PALMER, WILLIAM J			530 DEVON	PLAGE ·	/2001/0	HEATHROW FL 32746			
	 			840 r	reserve	CHARGE			<u> </u>	
	-	<u></u>				20	0000344 -11/0 <u>1/</u> 00-	7,5,5,	21	
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			**	REINSTATEN			EM 1000			
-								10 A		
8. Name and Address of Current Registered Agent						9. Name and Address of New Register to Apent				
					Name		`\		IV ,	
PALMER, WILLIAM J 500 DEVON PLACE SHO PRESERVE TERROCA					Street Address	Street Address (P.O. Box Number is Not Acceptable)				
HEATHROW FL 32746					Suite, Apt. #, Et	Suite, Apt. #, Etc.				
			_		City					
10. I, bein	ng appointed t	ne registered agent of the	above named corp	poration am fami	iar with and accept the	obligations of Sec	tion 607.0505, F.S.			
Signature (El Cal	ZTUR[PRED	KLURED	<u>.</u>	Date Oct	. 12	100	
1			RECISTERED A	GENT MUST SIG	3N					

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 filling 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.

NE OF SIGNING OFFICER OR DIRECTOR