



Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1062

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

ACTION BUSINESS CONSULTANTS, INC.

Mailing Address

4811 LANDOVER CIRCLE  
ORLANDO FL 32821

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

414 South Hawthorne Cir  
City & State

Country  
USA

Zip 32708

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1998

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	MUSKAT, RICHARD F	4811 LANDOVER CIRCLE	ORLANDO FL 32821
D	MUSKAT, RICHARD F	4811 LANDOVER CIRCLE	ORLANDO FL 32821
			7000003188847--5 -03/29/00--01069--011 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name \_\_\_\_\_

Name Richard E. Muskat-Vogel

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

414 S. Hawthorn Circle

Suite, Apt. #, Etc.

Winter Springs, FL

City Winter Springs

State

Zip Code

FL

32708

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date October 27, 1999

5. 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: Richard F. Muskat RICHARD MUSKAT-VOGEL  
Richard F. Muskat RICHARD F. MUSKAT October 27, 1999 (407) 963-3310  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E010 (8/99)

0012683 AF

(2)

2062

February 7, 2000

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

FROM: Richard Muskat-Vogel  
414 South Hawthorn Circle  
Winter Springs, FL 32708

As per earlier discussions with Sheila and Tyrone, and due to my Annual Report Fees being current, I respectfully request:

- 1) For the Reinstatement Fee to be waived
- 2) Registered Agent to be changed to Richard Muskat-Vogel
- 3) Address changes as detailed on form (Original sent October 27, 1999)

Thank you in advance for your attention in this matter, and please call me at (407)963-3310 if you need any information.

Respectfully,

Richard Muskat-Vogel



If the above details are satisfactory and acceptable, then please accept the enclosed check as the Annual Report Fee of \$150.00, which shall bring all fees owed current