

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000086569

1. Corporation Name

MC ALLISTER CONSULTING, INC.

Principal Place of Business

Mailing Address

1400 GREEN COVE RD.  
WINTER PARK FL 32789

1400 GREEN COVE RD.  
WINTER PARK FL 32789



REINSTATEMENT

100

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

163 E. Morse Blvd

P.O. Box 716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

WINTER PARK, FL

City & State

City & State

WINTER PARK FL

FL

Zip

Zip

32789

32790-0716

Country

Country

USA

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1998

5. FEI Number

59-3547116

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PS	MCALLISTER, BRUCE D	1400 GREEN COVE RD	WINTER PARK FL 32789

400003457594--0  
-11/08/00--01076-013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MC ALLISTER, BRUCE D  
1400 GREEN COVE RD.  
WINTER PARK FL 32789

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-20-2000

CR20040 (8/00)

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-2000 407-599-4451

Date

Daytime Phone #

KE