

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 14 AM 9:37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000091032**

1. Corporation Name

GREGORY CONSULTING GROUP, INC.

2. Principal Office Address

394 S. Maya Palm Dr

Suite, Apt. #, etc.

Boca Raton

City & State

FL, 33432

Zip

Country

USA

3. Mailing Office Address

394 S. Maya Palm Dr

Suite, Apt. #, etc.

Boca Raton, FL

City & State

FL

Zip

33432

Country

USA

REINSTATEMENT 01/02

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/98

5. FEI Number

65-0874818

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

Dale Gregory

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

394 S. Maya Palm Dr

Suite, Apt. #, etc.

Boca Raton

City

State
FL

Zip Code

33432

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

Dale M. Gregory

Date

2/8/02

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,	Dale M. Gregory	394 S. Maya Palm	Boca Raton, Florida
Treas,		Dr	33432
Secy			

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:

Dale M. Gregory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/02

Daytime Phone #

DALE M. GREGORY

CR2E081 (9/01)