

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 APR 18 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000091202

1. Corporation Name

PENTICA FINANCIAL CONSULTANTS, INC

2. Principal Office Address

Suite, Apt. #, etc.

2449 FIRST STREET

City & State

FT. MYERS, FL

Zip

33901

Country

U.S

3. Mailing Office Address

Suite, Apt. #, etc.

1617 WELLSHIRE LN

City & State

DUNWOODY GA

Zip

30338

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3543882

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

PHILIP BURNETT

000005449510--6

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

2449 FIRST STREET

-05/03/02--01036--023

****150.00 ****150.00

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

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

X Philip Z Burnett

REGISTERED AGENT MUST SIGN

Date

4-16-02

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.M.

JEREMY BAMFORD

1617 WELLSHIRE LN

DUNWOODY, GA 30338

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-05/03/02--01036--024

****150.00 ****150.00

JB 4/26

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:

Jeremy Bamford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

6784271431

Daytime Phone #

PHILIP L. BURNETT, P.A.
Attorneys at Law
2449 First Street
Post Office Box 2258
Fort Myers, FL 33902
Telephone (239) 334-1922
Fax (239) 334-7799

April 16, 2002

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

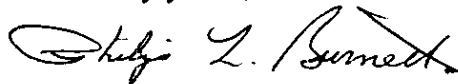
RE: PENTICA FINANCIAL CONSULTANTS, INC.

Gentlemen:

Enclosed for filing is the Corporation Reinstatement Form for the above-referenced entity. We are also enclosing 2 checks, each in the amount of \$150.00, for a total of \$300.00, made payable to the Secretary of State for the reinstatement fee. As noted in your records, my client did not receive its UBR form. The correct address has been changed on the Reinstatement Form.

Please let us know if anything further is required.

Sincerely yours,



Philip L. Burnett

PLB/lm
Enclosures
cc: Client