


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 NOV 28 PM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094685

1. Corporation Name

BROOME CONSULTING, INC.

Principal Place of Business

Mailing Address

575 MOONLIGHT COURT  
SAINT CLOUD FL 34771

575 MOONLIGHT COURT  
SAINT CLOUD FL 34771



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3542912

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BROOME, KENDALE G	575 MOONLIGHT CT	ST CLOUD FL 34771
VP	BROOME, DEBORAH K	575 MOONLIGHT CT	ST CLOUD FL 34771
			500003493425-2
			-12/11/00--01040--022
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROOME, KENDALE G  
575 MOONLIGHT COURT  
SAINT CLOUD FL 34771

Name KENDALE G. BROOME

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

Suite, Apt. #, Etc.

City SAINT CLOUD

State FL

Zip Code 34771

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

11/20/00

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.

KENDALE G. BROOME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/00

Daytime Phone #

407-957-8017

CR2E040 (800)