

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004005

1. Corporation Name

CONSULTING ON-LINE, INC.

Principal Place of Business

1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825

Mailing Address

1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1999

5. FEI Number

59-3551660

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSTD | LEVINE, LEWIS J | 1581 MISTY PLATEAU TRAIL | CLEARWATER FL 33765 |
| VD | LEVINE, CHRISTINE K | 1581 MISTY PLATEAU TRAIL | CLEARWATER FL 33765 |
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10/13/03--01058--015 **150.00

8. Name and Address of Current Registered Agent

LEVINE, LEWIS J
1581 MISTY PLATEAU TRAIL
CLEARWATER FL 33765-1825

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/9/03

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

10/9/03 (727) 724-3226
Date Daytime Phone #

CR2E040 (7/03)

Consulting On-Line, Inc.

1581 Misty Plateau Trail

Clearwater, FL 33765-1825

(727) 724-3226

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327
(850) 245-6059

RE: Reinstatement of Consulting On-Line, Inc.

To Whom It May Concern,

Yesterday, I received a Certificate of Administrative Dissolution or Revocation for Consulting On-Line, Inc. I did not file the 2003 Uniform Business Report because I never received the original form from you office. According to the "Important Facts" section on the form I received yesterday, there should also have been a second notice sent to me, which I again did not receive. As per the instructions in this same section, I am filing the Application for Reinstatement, and including the original filing fee of \$150.00 and am requesting the late and / or reinstatement fees be waived since previous notices had not been received.

Please feel free to contact me at the above address or phone number if you have any questions.

Sincerely,



Lewis J. Levine
President, Consulting On-Line, Inc.