PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

01 DEC 31 AM 11:45

~~CORPORATION~~
~~REINSTATEMENT~~

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

DOCUMENT # P99000018195

200
408

1. Corporation Name

BDA CONSULTING, INC

2. Principal Office Address	**3.** Mailing Office Address
431 OLD MAIN STREET	3710 W. PALMIRA AVE
Suite, Apt. #, etc.: SUITE 202	Suite, Apt. #, etc.:
City & State: BRADENTON FL	City & State: TAMPA FL
Zip: 34205 Country: US.	Zip: 33629 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 2/24/99

5. FEI Number: 59-3567955 ☐ 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: Matthew Swezey

Street Address (P.O. Box Number is Not Acceptable): 3710 W. PALMIRA AVE

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33629

300004769883--9
-01/11/02--01060--020
****150.00 ****150.00

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: _____ Date: 11/26/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	MATTHEW SWEZEY	3710 W. PALMIRA AVE TAMPA, FL 33629	TAMPA FL 33629

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: _____ 11/26/01 941-750-9450 x203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BDA Consulting, Inc

December 27, 2001

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

Dear Sir or Madam:

Due to my accountant's inability, I had never received the Uniform Business Report form, as my corporate address was invalid and the documents were never forwarded to me. Please accept this reinstatement form for BDA Consulting, Inc. Thank you for your attention in this matter.

Sincerely,

Matthew Swezey
President