**CORPORATION REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -1 PM 1:33

DOCUMENT # P99000024715

**1.** Corporation Name
GBRYANT CONSULTING, INC

REINSTATEMENT 00-02

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 4336 COQUINA DRIVE | P.O. BOX 550904 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| City & State | City & State |
|---|---|
| JACKSONVILLE BEACH, FL | JACKSONVILLE, FL |

| Zip | Country | Zip | Country |
|---|---|---|---|
| 32250 | DUVAL | 32255-0904 | DUVAL |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number
52-2090897

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 WILLIAM G BRYANT

Street Address (P.O. Box Number is Not Acceptable)
4336 COQUINA DRIVE

Suite, Apt. #, Etc.

City JACKSONVILLE BEACH

State FL   Zip Code 32250

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***1058.75   ***1058.75

**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 _William H Bryant_   REGISTERED AGENT MUST SIGN   Date 1-29-2002

CR2E081 (9/01)

**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/D | WILLIAM G. BRYANT | 4336 COQUINA DRIVE | JACKSONVILLE BEACH FL, 32250 |
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**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: _William H Bryant_   1-29-2002   904-612-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #