

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029655

1. Corporation Name

HICKERT CONSULTING, INC.

Principal Place of Business

Mailing Address

~~2240 BELLEAIR ROAD~~ 801 WEST BAY #510 ~~2240 BELLEAIR ROAD~~ 801 WEST BAY DR
~~SUITE 140~~ LARGO FL 33770 ~~SUITE 140~~ SUITE 510
CLEARWATER FL 33764 CLEARWATER FL 33764 LARGO, FL 33770



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

~~SUITE 510~~ 801 WEST BAY ~~801 WEST BAY~~

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~SUITE 510~~ ~~SUITE 510~~

City & State

City & State

LARGO FL LARGO, FL

Zip 33770

Country

Zip 33770

Country

5. FEI Number

59-3568391

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
PST PRESIDENT PST	DAILY, J. MICHAEL CPA PAUL R. HICKERT	2240 BELLEAIR ROAD 801 WEST BAY #510	CLEARWATER FL 33764 LARGO FL 33770

300010067893
01/14/03--01/02/03--020 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAILY, J. MICHAEL CPA
2240 BELLEAIR ROAD
SUITE 140
CLEARWATER FL 33764

Name

PAUL R. HICKERT

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

801 WEST BAY DR

Suite, Apt. #, Etc.

510

City

LARGO

State

Zip Code

FL

33770

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

1/8/03

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
PAUL R. HICKERT

Date

1/8/03

Daytime Phone #

727-641-3992

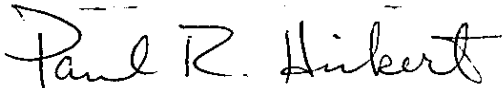
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Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Due to an incorrect address, I did not receive any statements in 2002. I am requesting that the late fee be waived and that Hickert Consulting, Inc. be reinstated. I have enclosed a check for \$300.00.

Regards,



Paul R. Hickert
President
Hickert Consulting, Inc.
(727) 641-3992