

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 17 PM 12:45

DOCUMENT # P99000039715

1. Corporation Name

SBT Consultant Group

800004562728--0  
-08/29/01--01094--020  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

3618 SE 2<sup>nd</sup> Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

/

Zip

33435

Country

U.S.

Zip

Country

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0915265

6. ☒ Apply for

7. ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Simpson

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

3618 SE 2<sup>nd</sup> Ct.

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

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

Mark Simpson

REGISTERED AGENT MUST SIGN

Date 8/16/01

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, T, V, S, D, C M	Mark Simpson	3618 SE 2 <sup>nd</sup> Ct.	Boynton Beach, FL 33435

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:

Mark Simpson

8/16/01

(561)  
278-5279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #