

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
02 SEP 30 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **99000043940**

1. Corporation Name

REGULATORY CONSULTANTS INTERNATIONAL, INC.

600008211698-7
-10/04/02-101062--022
****450.00 ****450.00
ob-02

2. Principal Office Address

3. Mailing Office Address

10859 EMERALD COAST PKWY W. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4-344

City & State

City & State

DESTIN, FL

Zip

Country

Zip

Country

32541-5864 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1999

5. FEI Number

59-3576347

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

LALONDE, S. ANN

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

10859 EMERALD COAST PKWY W.

Suite, Apt. #, Etc.

#4-344

City

DESTIN

State

FL

Zip Code

32541-5864

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

S. Ann Lalonde
REGISTERED AGENT MUST SIGN

Date **9-27-02**

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
D	VOORHIES, COERTE A., III	10859 EMERALD COAST PKWY, W. #4-344	DESTIN, FL 32541-5864

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:

Coerte A. Voorhies, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-27-02

Daytime Phone #

504 558-9925