

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000049993

1. Corporation Name

MICHELL CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

~~3545 NW 115 AVE~~
~~MIAMI FL 33178~~

2795-A NW 105 AVE
MIAMI FL 33172

~~3545 NW 115 AVE~~
~~MIAMI FL 33178~~

PO BOX 226620
MIAMI FL 33122-6620

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, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1999

5. FEI Number

65-0925129

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MICHELL, RICARDO J	999 PONCE DE LEON BLVD SUITE 715 2795-A NW 105 AVE Miami FL 33172	CORAL GABLES FL 33134 MIAMI FL 33172

REINSTATEMENT

JS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHELL, RICARDO J

~~3454 NW 115 AVE~~ 2795-A NW 105 AVE

~~MIAMI FL 33178~~

MIAMI FL 33172

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]

REGISTERED AGENT MUST SIGN

Date 10/31/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/03

592.5433

CR2E040 (7/03)