

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT OF CORPORATIONS
 KATHERINE HARRIS
 Secretary of State

FILED

DOCUMENT # P99000051587

00 DEC 27 AM 10: 26

1. Corporation Name
PIRKEY CONSULTING SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 165 BROADMORE ROAD LAKE MARY FL 32746-3910
 165 BROADMORE ROAD LAKE MARY FL 32746-3910



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 13405 Whitby Rd Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable Same	4. Date Incorporated or Qualified To Do Business in Florida 06/03/1999
City & State Hudson, FL	City & State	5. FEI Number 59-358-1232 Applied For: Not Applicable
Zip 34667	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Pres.	Roger Pirkey	13405 Whitby Rd	Hudson, FL 34667
Treas.	Norman Pirkey	13405 Whitby Rd	Hudson, FL 34667

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8. Name and Address of Current Registered Agent PIRKEY, ROGER 165 BROADMORE ROAD LAKE MARY FL 32746-3910	9. Name and Address of New Registered Agent		
	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	State FL	Zip Code

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.
 Signature of Registered Agent **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

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** Norman Pirkey Pres: 10/27/00 (127) 868-7188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

2002

December 6, 2000

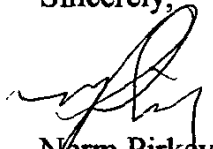
Ms. Leslie Sellers
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Pirkey Consulting Services, Inc.

Dear Ms. Sellers:

~~This is in reply to your correspondence and in reference to our failure to reply~~
to a mailing from your office in June, 2000. We did not receive the
correspondence above mentioned so therefore we were unable to respond to
it.

Sincerely,



Norm Pirkey
Secretary/Treasurer
Pirkey Consulting Services, Inc.