

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DEPARTMENT OF CORPORATIONS

DOCUMENT # P99000051587

1. Corporation Name

PIRKEY CONSULTING SERVICES, INC.

Principal Place of Business

165 BROADMORE ROAD
LAKE MARY FL 32746-3910

Mailing Address

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
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1999

5. FEI Number

59-358-1232

Applied For

Not Applicable

City & State

Hudson, FL

City & State

Zip

34667

Country

USA

Zip

Country

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
Pres.	Roger Pirkey	13405 Whitby Rd	Hudson, FL 34667
Treas.	Norman Pirkey	13405 Whitby Rd	Hudson, FL 34667

900003523683-3
-01/04/01--01093--021
****158.75 ****158.75

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)

Suite, Apt. #, Etc.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas: 10/27/00 (127) 868-7188

Date

Daytime Phone #

FILED

00 DEC 27 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



108

CR2E040 (8/00)

202

December 6, 2000

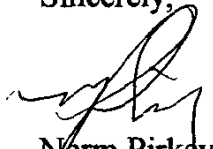
Ms. Leslie Sellers
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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.