

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:51

DOCUMENT # P99000054903

**1. Corporation Name**

New Amsterdam Consulting Group, Inc.

**2. Principal Office Address**

12000 N. Bayshore Dr.

Suite, Apt. #, etc.

210

City & State

North Miami, FL

Zip

33187

Country

U.S.A.

**3. Mailing Office Address**

12000 N. Bayshore Dr.

Suite, Apt. #, etc.

210

City & State

North Miami, FL

Zip

33187

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

650965734

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

Richard S. Pillinger, P.A.

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

3300 University Drive

Suite, Apt. #, Etc.

901

City

Coral Springs

State  
FL

Zip Code  
33065

**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

REGISTERED AGENT MUST SIGN

Date 4/10/03

**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/D	Warren Gilbert	12000 N. Bayshore Dr.	North Miami, FL 33187
S/T	Stanley Snyder	3675 N. Country Club Dr.	Aventura, FL 33180

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**RICHARD S. PILLINGER, P.A.**

ATTORNEY AT LAW

Coral Springs Financial Plaza  
3300 University Drive, Suite 901  
Coral Springs, Florida 33065  
(954) 755-5199  
Fax (954) 340-3411

RICHARD S. PILLINGER

March 5, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attention: Pam Smith

Re: New Amsterdam Consulting Group, Inc.

Dear Ms. Smith:

Enclosed is a Corporation Reinstatement form for New Amsterdam Consulting Group, Inc., along with a check in the amount of \$415.00. (You have already received a check from us in the amount of \$35.00, which brings the total amount paid to \$450.00 to reinstate this corporation.) This amount covers reinstatement of this corporation for the years 2001, 2002 and 2003.

Thank you for your assistance regarding this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

RICHARD S. PILLINGER, P.A.



RICHARD S. PILLINGER, ESQUIRE

RSP/mjh  
Enclosures