

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 AUG 17 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 044000074941

## 1. Corporation Name

Oman Consulting, Inc.

WOS-3744

## 2. Principal Office Address

447 3rd Avenue North

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

City &amp; State

St. Petersburg, FL

City &amp; State

Zip

33701

Country

US

Zip

Country

GOODS IN FEE  
09/03/05--01074-003 \$7500

REINSTATEMENT 01-05

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/99

## 5. FEI Number

59-3592738

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

Robert Oman, Phd

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

447 3rd Avenue North

Suite, Apt. #, Etc.

Suite 410

City

St. Petersburg, FL

State

FL

Zip Code

33701

## 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

## 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
Pres	Robert Oman, Phd	447 3rd Avenue North, Ste. 410	St. Petersburg, FL 33710

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

07/26/05

Date

727-827-4596

Daytime Phone #

CR25081 (9-105)

2012 42

July 26, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

SUBJECT: REINSTATEMENT OF OMAN CONSULTING, INC, EIN: 59-3592738

Enclosed is the corporate reinstatement form for Oman Consulting, Inc. I had an address change and never received notice of my <sup>2005</sup> annual report. Upon opening a new bank account, I discovered that my corporate annual report has been delinquent.

Attached is a check for the delinquent years annual report fee. Given the circumstances, I ask that you please abate the penalties.

Thank you for your consideration.

Sincerely,



Robert Oman, President  
Oman Consulting, Inc