

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000077308

1. Corporation Name

M D R CONSULTING, INC.

Principal Place of Business

Mailing Address

11308 EDGEWATER CR.
WELLINGTON FL 33414

11308 EDGEWATER CR.
WELLINGTON FL 33414

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

08/26/1999

5. FEI Number

65-0945611

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MONTGOMERY, MARY K	11308 EDGEWATER CR.	WELLINGTON FL 33414

700004720057--4
-12/12/01--01013--010
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTGOMERY, MARK K
11308 EDGEWATER CR.
WELLINGTON FL 33414

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]
REGISTERED AGENT MUST SIGN

Date 11/25/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

11/25/01
Date

333-9031
Daytime Phone #

CR20040 (8/01)

2062

November 25, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attention: Division of Corporations

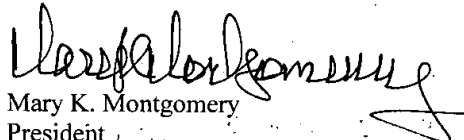
Per my conversation with your representative within your department, I have been instructed to send a written request to waive the fees per the attachment, as I did not receive the first notification of payments due to the Florida Department of State.

Please note that this is my second year of operations and did not receive notification last year either. I have been instructed by my accountant and your representative to contact your division if I do not receive notification by February of next year.

Please call with any questions at 561-333-9031.

Thank you for your consideration regarding this matter.

Sincerely,



Mary K. Montgomery
President

MDR Consulting, Inc.

MDR CONSULTING, INC. IS AN EQUAL OPPORTUNITY FIRM. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, RELIGION, NATIONAL ORIGIN, ANCESTRY, COLOR, OR HANDICAP. WE ARE AN AFFIRMATIVE ACTION EMPLOYER. WE ARE AN EQUAL OPPORTUNITY FIRM. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, RELIGION, NATIONAL ORIGIN, ANCESTRY, COLOR, OR HANDICAP. WE ARE AN AFFIRMATIVE ACTION EMPLOYER.

Enclosures