

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 13 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000078999**

**1. Corporation Name**

Clams Consulting, Inc.

**2. Principal Office Address**

19101 Mystic Pointe Drive

Suite, Apt. #, etc.

Apt. #2912

City & State

Aventura, Florida

Zip

33180

Country

USA

**3. Mailing Office Address**

19101 Mystic Pointe Drive

Suite, Apt. #, etc.

Apt. #2912

City & State

Aventura, Florida

Zip

33180

Country

USA

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

9/13/99

**5. FEI Number**

65-0949220

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

Sara Jane Peck

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

19101 Mystic Pointe Drive

Suite, Apt. #, Etc.

Apt. #2912

City

Aventura

State

FL

Zip Code

33180

**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

Date 1/26/04

REGISTERED AGENT MUST SIGN

**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.	Sara Jane Peck	19101 Mystic Pointe Drive Apt. #2912	Aventura, Florida 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

Sara Jane Peck

1/26/04

Date

(305)933-8017

Daytime Phone #

CR2E081 (10/02)

**SUSAN I. NOE**  
ATTORNEY AT LAW

1440 KENNEDY CAUSEWAY, SUITE 321

NORTH BAY VILLAGE

FLORIDA 33141

E-MAIL: SNOELAW@AOL.COM

TELEPHONE (305) 867-9580

FAX (305) 867-8058

February 9, 2004

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

RE: Clams Consulting, Inc.

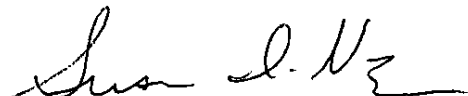
Attn: Justin M. Shivers  
Document Specialist

Dear Justin:

Thank you for your help this date. On behalf of my client, Clams Consulting, Inc. ("Clams Consulting"), please consider this a notice of non-receipt of the annual renewal. Additionally and pursuant to our telephone conversation, it is a mistake that Clams Consulting's name is not available. As such, Clams Consulting will be reinstated. Additionally and pursuant to your previous letter, dated January 30, 2004, my client issued a check in the amount of four hundred and fifty dollars (\$450.00), which should be sufficient for all fees due the State.

Again, thank you for your cooperation in handling this matter. If you should need any additional information, please do not hesitate to contact my office at any of the above numbers.

Respectfully,



SUSAN I. NOE

cc: Clams Consulting

SIN/dp