

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000096811

1. Corporation Name

BACHMANN & ASSOCIATES CONSULTING INC.

Principal Place of Business

Mailing Address

1591 PLEASANT PARK DRIVE. E.
JACKSONVILLE FL 32225
US

1591 PLEASANT PARK DRIVE. E.
JACKSONVILLE FL 32225
US

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

11/01/1999

5. FEI Number

59-3605136

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | BACHMANN, MARC | 1591 PLEASANT PARK DRIVE, E. | JACKSONVILLE FL 32225 |
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300004717603--4
-12/10/01--01117--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BACHMANN, MARC
1591 PLEASANT PARK DRIVE, E.
JACKSONVILLE FL 32225

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

Date 10-19-01

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

Date

Daytime Phone #

10-19-01

mw

CR2E040 (8/01)

Bachmann & Associates Consulting Inc.

1591 Pleasant Park Drive East
Jacksonville, Florida 32225
904-646-4776
904-646-9118 Fax
marcbach@bellsouth.net

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October 23, 2001

Division Of Corporations
PO. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I. Was sent a notice from you department confirming that I was delinquent on my annual fee to the state

I never received a letter earlier in the year to let me know that my corporation for Bachmann & Associates was due.

Please except my payment of One Hundred & Fifty Dollars

Thank you for you consideration

Respectfully,


Marc Bachmann
President