

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Bachmann & Associates Consulting, Inc

2. Principal Office Address

1591 Pleasant Park Dr. E

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32225

Country

USA

City & State

Zip

Country

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL 21 AM 11:42

200039740352
07/30/04--01071--006 ***308.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

Marc Bachmann

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

1591 Pleasant Park Dr. East

Suite, Apt. #, Etc.

City

Jacksonville, Florida

State

FL

Zip Code

32225

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/20/04

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	Marc Bachmann	1591 Pleasant Park Dr. E	Jacksonville, Fla 32225

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04

Date

904-646-4776

Daytime Phone #

CR2001 (01/04)

772



Bachmann & Associates Consulting,

Florida Department Of State

Two who it may concern:

Please note that I did receive a notice to renew my corporate papers for the year of 2003. I would request that the Department Of state waive my reinstate charge. I would request a reinstatement ASAP to Bachmann & Associates Consulting, Inc. The Tax Id number is 59-3605136. I will enclose a check for \$300.00 for 2003 and 2004 and \$8.75 for Certificate Of Status.

Thank you kindly

Marc Bachmann

Bachmann & Associates Consulting, Inc
1591 Pleasant Park Drive East
Jacksonville, Florida 32225
904-646-4776 Office
904-645-9118 Fax 7/20/2004