

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **V57364**

1. Corporation Name

SALES CONSULTANTS OF FT LAUDERDALE, INC.

Principal Place of Business

100 WEST CYPRESS CREEK ROAD
STE 880
FT. LAUDERDALE FL 33309
US

Mailing Address

100 WEST CYPRESS CREEK ROAD
STE 880
FT. LAUDERDALE FL 33309
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1992

5. FEI Number

65-0353205

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
VDT	TAYLOR, JEFFREY A	1505 N. RIVERSIDE DRIVE #506	POMPANO BEACH FL 33062
VDT P	PETERSON, GREGORY G	1950 N.E. 57TH STREET 5830 NE 21 ST AVE	FT. LAUDERDALE FL 33308

100004717511--1
-12/10/01--01114--025
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PETERSON, GREGORY G
1950 N.E. 57TH STREET
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name GREGORY G. PETERSON
Street Address (P.O. Box Number is Not Acceptable)
5830 NE 21 AVE.
Suite, Apt. #, Etc.
City FT. LAUDERDALE State FL Zip Code 33309

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

REGISTERED AGENT MUST SIGN

Date 10/26/01

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Taylor

Date 10/26/01 Daytime Phone #