APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

~~02 0BR~~

FILED

02 NOV -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074849

1. Corporation Name

CONSULTING ACCOUNTING SERVICES, INC.

400008784684
11/04/02--01074--004 **150.00

Principal Place of Business	Mailing Address
~~14394 CYPRESS ISLAND CT~~	~~14394 CYPRESS ISLAND CT~~
~~PALM BEACH FL 33410~~	~~PALM BEACH FL 33410~~

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

2. New Principal Office Address, If Applicable
165 BENT TREE DR
Suite, Apt.# etc.
City & State Palm Beach Gardens
Zip 33418 Country Palm Beach

3. New Mailing Office Address, If Applicable
165 BENT Tree Dr
Suite, Apt.# etc.
City & State Palm Beach Gardens FL
Zip 33418 Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida **08/02/2000**

5. FEI Number **65-1033610**   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	COCHRAN, GENE M	14394 CYPRESS ISLAND CT	PALM BEACH FL 33410

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COCHRAN, GENE M ~~14394 CYPRESS ISLAND CT~~ ~~PALM BEACH FL 33410~~	Name Street Address (P.O. Box Number is Not Acceptable) 165 Bent Tree Dr Suite, Apt #, etc. City Palm Beach Gardens State FL Zip Code 33418

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. or 617.0505, F.S.

Signature of Registered Agent *SIGNATURE REQUIRED* Date 10/29/02
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 REQUIRED* Date 10/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
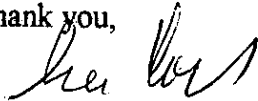
CR2E040 (8/02)

October 29, 2002

Consulting Accounting Services, Inc
165 Bent Tree Drive
Palm Beach Gardens, FL 33418

RE#: P00000074849

I did not receive business report (UBR) notice. Please find enclosed my reinstatement fee
for $150.00.

My new address is above.

Thank you,

Gene Cochran
President