

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000074849

1. Corporation Name

CONSULTING ACCOUNTING SERVICES, INC.

Principal Place of Business

14394 CYPRESS ISLAND CT
PALM BEACH FL 33410

Mailing Address

14394 CYPRESS ISLAND CT
PALM BEACH FL 33410



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

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.

3. New Mailing Office Address, If Applicable

165 BENT TREE DR

Suite, Apt. #, etc.

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

City & State
Palm Beach Gardens
Zip
33418

City & State
Palm Beach Gardens FL
Zip
33418

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	COCHRAN, GENE M	14394 CYPRESS ISLAND CT	PALM BEACH FL 33410

8. Name and Address of Current Registered Agent

COCHRAN, GENE M
14394 CYPRESS ISLAND CT
PALM BEACH FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33418

CR2E040 (8/02)

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

REGISTERED AGENT MUST SIGN

Date

10/9/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 29, 2002

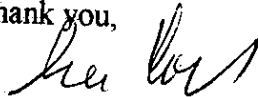
Consulting Accounting Services, Inc
165 Bent Tree Drive
Palm Beach Gardens, FL 33418

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