

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY 28 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000135333
1. Corporation Name
JEFF FRANKEL CONSULTING, INC.

W08000021042

2. Principal Office Address - No P.O. Box #
22975 GREENVIEW TERR.
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
BOCA RATON FL
Zip
33433 Country
PALM BEACH

City & State
FL
Zip
Country

200125550722
04/24/08--01023--016 **150.00

REINSTATEMENTS

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
201702496

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
JEFF FRANKEL
Street Address (P.O. Box Number is Not Acceptable)
SAME 22975 GREENVIEW TERRACE
Suite, Apt. #, Etc.
City
Boca Raton State
FL Zip Code
33433

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Jeffrey Frankel
REGISTERED AGENT MUST SIGN

Date
4/19/08

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
<u>Pres</u>	<u>JEFF FRANKEL</u>	<u>22975 GREENVIEW TERR. 1.</u>	<u>BOCA RATON FL 33433</u>
<u>Sec</u>	<u>SAME</u>		
<u>MEMS</u>	<u>SAME</u>		

200125550722
05/29/08 01001-017 **450.00

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 contained in Chapter 119, 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: Jeffrey Frankel JEFFREY FRANKEL 4/19/08 9544222069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAY 28 2008