

DOCUMENT #

1. Corporation Name

Principal Place of Business

1063 TWIN BRANCH LANE



MARTIN COHEN CONSULTANTS, INC.

P99000111348

Mailing Address

1063 TWIN BRANCH LANE





01 NOV -5 AM 9: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



WESTON FL 33326				WESTON FL 33326							
			in any way, line th								
2. New Principal Office Address, If Applicable				5. New Mais	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.	#, etc		- Suite, Apt#,	Suite, Apt. #, etc			01/02/2000 5. FEI Number				
City & State	•			City & State				65-6	1968215		Applied For Not Applicable
Zip Country			у	Zip		Country		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Add	resses (of Each Officer and	/or Director (Flo	rida nonprof	it corporat	ions must list at lea	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors			Street Addre Officer and/o				City / State / Zip		
residavi	MAR	ΓIN	COHEN		1063	TWIN	BRANCH	LANE	WESTON,	FL	33326
								7(700046: -11/30/0 ****150.	392 101(~-00.	2072 010009 ****150.00
								, , , , , , , , , , , , , , , , , , ,		(SP
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent Name				
SLUTSKY, STUART M 2500 WESTON ROAD SUITE 220 WESTON FL 33331							Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL				
10. I, being	appointed the	register	ed agent of the abo	ove named corpo	oration, am fa	amiliar wit	and accept the of	oligations of Sec	tion 607.0505, F.S.		

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.

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 filling

REGISTERED AGENT MUST SIGN

SIGNATURE:

Signature of Registered Agent

worked willight

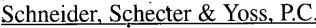
MARTIN COHEN

10/31/0

Daytime Phone #

uldol

CR2E040 (8/01



Certified Public Accountants



1979 Marcus Avenue, Lake Success, NY 11042 Tel: (516) 328-8500 Fax: (516) 328-9195 E-Mail: ssycpa@ssycpa.com

> NEW YORK OFFICE 7 Penn Plaza, New York 10001

> > October 23, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500

Talahassee, FL 32302-1520

Re: Martin Cohen Consultants Inc. Document Number: P99000111348

Gentlemen:

Reference is made to the above corporation.

Enclosed please find a check for \$150.00 for the Annual Business Report fee for the above named entity.

It appears the original report was filed timely, but never received by the Division of Corporation and therefore a reinstatement charge should not be assessed.

Thank you for your prompt attention to this matter.

Very Truly Yours

Alan Yos