

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary
DIVISION OF CORPORATIONS

FILED

01 NOV -5 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111348

1. Corporation Name

MARTIN COHEN CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1063 TWIN BRANCH LANE
WESTON FL 33326

1063 TWIN BRANCH LANE
WESTON FL 33326



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0968215

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President	MARTIN COHEN	1063 TWIN BRANCH LANE	WESTON, FL 33326

700004699207--2
-11/30/01--01010--009
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLUTSKY, STUART M
2500 WESTON ROAD
SUITE 220
WESTON FL 33331

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

10/1/01

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:

MARTIN COHEN

10/31/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

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Schneider, Schechter & Yoss, P.C.

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
Tallahassee, 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 Yoss