

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -7 PH 1:04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000023676

1. Corporation Name

FOGOZ FINANCIAL CONSULTANT CORP.

2. Principal Office Address

300 NW 48 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

DADE

3. Mailing Office Address

300 NW 48 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

DADE

REINSTATEMENT

01-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-07-2000

5. FEI Number

65-0987967

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

DHAYAMIT ILLA

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

300 NW 48 CT

Suite, Apt. #, Etc.

City

Miami, FL 33126

State

FL

Zip Code

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
PSTD	DHAYAMIT ILLA	300 NW 48 CT	Miami, FL 33126

700079725837
09/13/06--01058--014 **900.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/06

Date

(305) 495-8069

Daytime Phone #

2 of 2

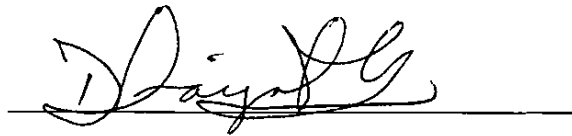
FOGOZ FINANCIAL CONSULTANT CORP.
300 NW 48 CT
MIAMI, FL 33126

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporation, I am attaching a check, in the amount of \$900.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2001,2002,2003,2004,2005 and 2006, or any other notice from the Division of Corporations in respect with the Corporation FOGOZ FINANCIAL CONSULTANT CORP..

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, appearing to read "Dayal G.", is written over a horizontal line.