


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 94 DEC -9 PM 5:37 SECRET TALLAHASSEE, FLORIDA	
DOCUMENT # 700000074264					
1. Corporation Name Conference Solutions, Inc.					
2. Principal Office Address 20283 State Rd 7		3. Mailing Office Address Same			
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State			
Zip 33496	Country U.S.	Zip	Country	700062044277 12/09/05--01045--008 **1200.00 CR2F081/8/05/0 REINSTATEMENT 2005	
4. Date Incorporated or Qualified To Do Business in Florida 8-4-00				5. FEI Number 65-1033640	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name MARVA TOMACK GED.					
Street Address (P.O. Box Number is Not Acceptable) 20283 State Rd 7					
Suite, Apt. #, Etc. Suite 400					
City Boca Raton,				State FL	Zip Code 33496
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 X <u>MARVA TOMACK GED.</u> REGISTERED AGENT MUST SIGN Date 12/5/05					
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	
P	MARVA TOMACK GED.	20283 State Rd 7 Suite 400		BOCA RATON, FL 33496	
V	ELI SANANES D	20283 State Rd 7 Suite 400		BOCA RATON FL 33496	
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 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: X <u>MARVA TOMACK GED.</u> Date 12/5/05 Daytime Phone #					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					