PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS | FILED

08 JUL -2 PM 1: 50

SECRETARY OF STATE
TALLAHASSEE. FLORID/ |

DOCUMENT # PO1000016845

1. Corporation Name

WOLFE'S CONSULTING INC

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

124 Miracle Mile

Suite, Apt. #, etc.

City & State

Coral Gables, FL

| Zip 33134 | Country |

3. Mailing Office Address

124 Miracle Mile

Suite, Apt. #, etc.

City & State

Coral Gables, FL

| Zip 33134 | Country |

4. Date Incorporated or Qualified To Do Business in Florida 02/14/01

5. FEI Number 65-1077594 | 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 Jeffrey Wolfe

Street Address (P.O. Box Number is Not Acceptable) 124 Miracle Mile

Suite, Apt. #, Etc.

City Coral Gables | State FL | Zip Code 33134 |

☑ 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 _____ J. Wolfe _____

REGISTERED AGENT MUST SIGN

Date 7/1/08

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
Owner	Jeffrey Wolfe	5788 Michelangelo Street	Coral Gables, FL 33146
		500132946885 07/15/08--01025--021 **458.75	

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: _____ J. Wolfe _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/08   Date

786-586-1879   Daytime Phone #

JC7/2