


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**  
05 JAN 24 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000042733  
**1. Corporation Name**  
Conference Partners, Inc.

**REINSTATEMENT** 03-05

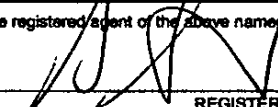
<b>2. Principal Office Address</b> 10091 SW 16th Pl Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 10091 SW 16th Pl Suite, Apt. #, etc.	
<b>City &amp; State</b> Davie, FL		<b>City &amp; State</b> Davie, FL	
<b>Zip</b> 33324	<b>Country</b> USA	<b>Zip</b> 33324	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/26/01	<b>5. FEI Number</b> 65-1101936	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>



**7. Name and Address of Current Registered Agent**

<b>Name</b> Steven Fischer	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 300 South Pine Island Road	
<b>Suite, Apt. #, Etc.</b> Suite #110	
<b>City</b> Plantation	<b>State</b> FL
<b>Zip Code</b> 33324	

**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.**

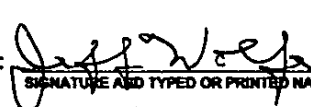
**Signature of Registered Agent**  **REGISTERED AGENT MUST SIGN** **Date** 1-20-05

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
	JEFF WOLFE	10091 SW 16th Pl	Davie, FL 33324
	JEFF WOLFE	10091 SW 16th Pl	Davie, FL 33324

800046288248  
02/10/05--01002--020 \*\*\*450.00

**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 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:**  **JEFF WOLFE** **1/19/05** **(954) 577-9901**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CP25081 (01/05)



Conference Partners, Inc.

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**A Note From Jeff**

**Jan. 19, 2005**

**Pages: 1**

To Whom It May Concern:

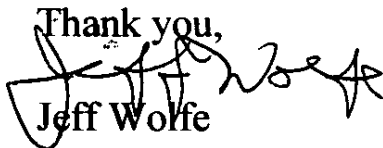
I am enclosing my check in the amount of \$450.00 to cover the annual corporation fees for 2003, 2004 & 2005.

Please make note of the address change from 14051 Richwood Place, Davie, FL 33325 to 10091 SW 16<sup>th</sup> Place, Davie, FL 33324.

I am requesting a waiver of the \$600.00 penalty as I never received the paperwork since my move in November 2002. After speaking with Eula in your office, she also mentioned that my paperwork was sent back to your office as undeliverable.

I have been continuing to operate my company since it's inception in April 2001 and appreciate your help with my reinstatement.

Thank you,

  
Jeff Wolfe

**Conference Partners**  
**10091 SW 16<sup>th</sup> Place / Davie, FL 33324 / 954-577-9901**