

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000110695

Entity Name: OPTIMIZE FUNCTION, INC.

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

4740 S OCEAN BLVD.
#1115
HIGHLAND BEACH, FL 33487

Current Mailing Address:

4740 S OCEAN BLVD
#1115
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

621 NW 53RD ST
250
BOCA RATON, FL 33487

New Mailing Address:

621 NW 53RD STREET SUITE 250
#250
BOCA RATON, FL 33487

FEI Number: 65-1159356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCH, STUART E ESQ
980 N FEDERAL HWY STE 412
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

RRS
621 NW 53RD STREET SUITE 250
BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES FRANKLIN

02/05/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: FRANKLIN, JAMES
Address: 4740 S OCEAN BLVD #1115
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D () Delete
Name: FRANKLIN, MARION
Address: 4740 S OCEAN BLVD #1115
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: FRANKLIN, MARION
Address: 244 7TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION FRANKLIN

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date