

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000028322

Entity Name: M.H.C. CONSULTING, INC.

FILED
Oct 21, 2004
Secretary of State

Current Principal Place of Business:

5001 SW 163 AVE
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

16830 SW 52 PL
SOUTHWEST RANCHES, FL 33331

Current Mailing Address:

5001 SW 163 AVE
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

16830 SW 52 PL
SOUTHWEST RANCHES, FL 33331

FEI Number: 02-0584576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHAEL J ESQ.
9210 SW 72 ST
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

COHEN, MICHAEL J ESQ.
1792 BELL TOWER LANE
WESTON, FL 33326 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: MICHAEL J. COHEN

10/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, MARSHALL H
Address: 5001 SW 163 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, MARSHALL H
Address: 16830 SW 52 PL
City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARSHALL H. COHEN

PRES

10/21/2004

Electronic Signature of Signing Officer or Director

Date