

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 25 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000040794**

1. Corporation Name

**OMNI CONSULTING PARTNERS, INC.**

2. Principal Office Address

**8023 FISHER ISLAND DR.**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**FISHER ISLAND, FL**

City & State

Zip

**33109**

Country

**MIAMI-DADE**

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/15/02**

5. FEI Number

**04-3657300**

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

**WARREN SCHAEFFER**

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

**8023 FISHER ISLAND DRIVE**

Suite, Apt. #, Etc.

City

**FISHER ISLAND, FLORIDA**

State

**FL**

Zip Code

**33109**

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

*Warren Schaeffer*  
REGISTERED AGENT MUST SIGN

Date

**2/23/04**

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
<b>D</b>	<b>WARREN SCHAEFFER</b>	<b>8023 FISHER ISLAND DR.</b>	<b>FISHER ISLAND, FL 33109</b>

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)(f), 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:

*Warren Schaeffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/04**  
Date

**954-894-9449**  
Daytime Phone #

CR2001 (01/04)

16

2 of 2

LAW OFFICES  
OF  
**CHARLES S. SERFATY, P.A.**  
THE OAKS OFFICE CENTER  
4340 SHERIDAN STREET / SECOND FLOOR  
HOLLYWOOD, FLORIDA 33021

CHARLES S. SERFATY

TELEPHONE: (954) 894-9449 (Broward)  
(305) 868-1616 (Dade)  
FACSIMILE: (954) 962-1664  
E-MAIL: SERFATY954@AOL.COM

February 23, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

PD2-40794

**Re: Omni Consulting Partners, Inc.**

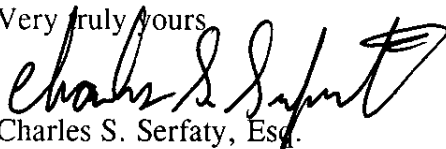
To whom it may concern:

Please be advised that this office represents Omni Consulting Partners, Inc.  
regarding all their corporate transactions.

Unfortunately, this office never received the Uniform Business Report for 2003  
regarding the above captioned corporation. Due to this matter, the UBR was not filed  
in a timely fashion. Please accept this check in the amount of \$300.00 made payable to  
the Department of State, in order to renew Omni Consulting Partners, Inc.

Thank you for your anticipated courtesy and cooperation regarding this matter.

Very truly yours

  
Charles S. Serfaty, Esq.

RECEIVED  
01 FEB 25 AM 10:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA