


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P02000040794		
1. Entity Name OMNI CONSULTING PARTNERS, INC.		

FILED  
07 JAN 29 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 7214 FISHER ISLAND DR FISHER ISLAND, FL 33109	Mailing Address 162 ROUTE 202 SOMERS, NY 10589
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222007	REIN-P	CR2E098 (1/07)
4. FEI Number 04-3657300		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

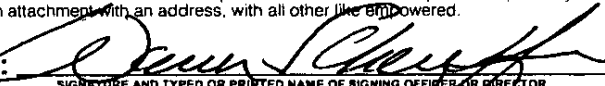
6. Name and Address of Current Registered Agent  SCHAEFFER, WARREN 7214 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS <del>\$900.00</del> \$300.00	REINSTATEMENT 06-07
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFFER, WARREN 7214 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500087359745 02/05/07--01013--007 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.	
SIGNATURE: 	Date _____ Daytime Phone # _____

2/1/30

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OMNI CONSULTING PARTNERS, INC  
7214 FISHER ISLAND DRIVE  
FISHER ISLAND, FLORIDA 33109

January 22, 2007

State of Florida  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re:  
Omni Capital Partners, Inc.  
Notice of Dissolution  
Document #P02000040794

I am in receipt of the above. Per a telephone conversation with your department earlier today, I am enclosing a 2007 reinstatement statement. A check for \$300 representing the filing fees for both 2006 and 2007 is enclosed.

I wish to waive the \$600 reinstatement fee for the following reasonable cause.

My office moved its location from 8023 Fisher Island to 7214 Fisher Island in January, 2005. However, I was not receiving all of my mail until the middle of 2006 and as a result; I did not receive any mail or notice from your department regarding this filing fee.

Please note that in the future, I am aware that it has to be paid by May 1<sup>st</sup> of the following year and will guarantee timely payment. I am asking for this one time exclusion. If this corporation is late in paying this fee in the future, another exemption will not be requested.

Thank you for your understanding.



Warren Schaeffer  
(President)