2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000099969

1. Entity Name
FOUNDATION CONSULTANTS CORPORATION

FILED
06 SEP 25 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2901 CLINT MOORE ROAD SUITE # 320 BOCA RATON, FL 33496	2901 CLINT MOORE ROAD SUITE #320 BOCA RATON, FL 33496

09202006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
1060 Holland Drive	1060 Holland Drive
Suite, Apt. #, etc. SUITE 3-J(2)	Suite, Apt. #, etc. SUITE 3-J(2)
City & State BOCA RATON FLORIDA	City & State BOCA RATON FLORIDA
Zip 33487 Country PALM BEACH	Zip 33487 Country PALM BEACH

4. FEI Number 56-2292728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOWNER, MICHAEL 1060 HOLLAND DRIVE SUITE 3-J(2) BOCA RATON, FL 33487	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD TOWNER, MICHAEL 1060 HOLLAND DRIVE, SUITE 3-J(2) BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000080152550 09/25/06--01065--020 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAYLISS TOWNER, KAREN 1060 HOLLAND DRIVE, SUITE 3-J(2) BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9/27	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 empowered.

SIGNATURE: Michael Towner MICHAEL TOWNER 9/16/06 (561)981-8229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #