## 2007 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

## PAR 1.2 FILED **DOCUMENT # P05000004604** 2007 HAR 22 PH 2: 51 1. Entity Name ORAH CONSULTING, INC. SECNERAL STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4560 POST AVE 4560 POST AVE MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 REIN-P CR2E098 (1/07) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAMIR, ORA Street Address (P.O. Box Number is Not Acceptable) 4560 POST AVE MIAMI BEACH, FL 33140 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 typed or printed name of registered agent and title if applicable (NOTE: Registered & cent signature required when reinstation In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change TAMIR, ABRAHAM NAME NAME STREET ADDRESS 4560 POST AVE STREET ADDRESS CITY - ST - ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TAMIR, ORA NAME 4560 POST AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE TITLE Addition ☐ Delete Change NAME NAME **500095164565** 03/28/07--01036--024 \*\*300.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition □ Delete ☐ Change NAME **TATEMEN** STREET ADDRESS CITY-ST-Z CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 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

parter

## CHAYIM KESSLER, CPA, PA. 150 N.W. 168<sup>th</sup> St., Suite #217 N. Miami Beach, FL 33169

Tel (305)652-4422 / Fax 652-2021 info@MiamiBeachCPA.com

March 16, 2007

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

In Regards To: Orah Consulting, Inc. Reinstatement, DOC#P05000004604

To Whom It May Concern:

It is our knowledge that the reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. After checking our records carefully, we found that we did not receive the annual report application.

Would you be so kind as to waive the reinstatement fee as in accordance with s. 607.193(2)(b), F.S.

Thank you.

Sincerely,

Chayim Kessler, C.P.A.

Orah Tamir, President