

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 22 PM 12:31

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000038861

1. Corporation Name

PLANET CONSULTANTS CORP

2. Principal Office Address - No P.O. Box #

400 SOUTH POINTE DR

Suite, Apt. #, etc.

SUITE 905

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI-DADE

3. Mailing Office Address

400 SOUTH POINTE DR

Suite, Apt. #, etc.

SUITE 905

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI-DADE

REINSTATEMENT 06-08
B 9/22/08

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/2005

5. FEI Number

20-2572733

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

PIERRE ELMALEH

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

650 WEST AVE

Suite, Apt. #, Etc.

APT 2703

City

MIAMI BEACH

State

FL

Zip Code

33139

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/15/2008

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
P	PIERRE ELMALEH	650 WEST AVE #2703	MIAMI BEACH FL-33139
VP	SOPHIE WILMET	200 W 72ND ST #11K	NEW YORK CITY NY 10021
T	STEPHANE WILMET	200 W 72ND ST #11K	NEW YORK CITY NY 10021
S	PIERRE ELMALEH	650 WEST AVE #2703	MIAMI BEACH FL-33139

200136163862
09/19/08--01054--005 **1050.00

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 contained in Chapter 119, 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:

[Signature]

PIERRE ELMALEH

9/15/2008

786 303 7255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #