2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000052631

1. Entity Name
O.H. CONSULTING, CORP.

FILED
08 NOV -3 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

Principal Place of Business	Mailing Address
567 RAQUET CLUB RD. #18 WESTON, FL 33326	567 RAQUET CLUB RD. #18 WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
567 Racquet club Rd	567 Racquet club Rd
Suite, Apt. #, etc.: Suite 18	Suite, Apt. #, etc.: Suite 18
City & State: Weston Fl.	City & State: Weston Fl.
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 20-2649604 ☐ 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
LORENA LEVY 567 RAQUET CLUB RD. #18 WESTON, FL 33326	Name: Marcos Levy Street Address (P.O. Box Number is Not Acceptable): 567 Racquet club Rd Suite 18 City: Weston FL Zip Code: 33326

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: _____ Oct. 29/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, 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	DP LEVY, MARCOS 567 RAQUET CLUB RD. #18 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT LEVY, LORENA 567 RAQUET CLUB RD. #18 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900137571 ☐ Change ☐ Addition 11/03/08--01050--004 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FERNANDEZ, JORGE 18501 PINES BLVD SUITE 201 PEMBROKE PINES, FL 33029	☐ 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 11/3
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: _____ Oct 29/2008 (954)7930358.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #