

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000156788

**FILED**  
**Nov 20, 2007**  
**Secretary of State**

**Entity Name:** JMF CONSULTING GROUP II INC.

**Current Principal Place of Business:**

222 BLOOMINGDALE ROAD  
SUITE 400A  
WHITE PLAINS, NY 10605

**New Principal Place of Business:**

222 BLOOMINGDALE ROAD  
SUITE 400  
WHITE PLAINS, NY 10605

**Current Mailing Address:**

222 BLOOMINGDALE ROAD  
SUITE 400A  
WHITE PLAINS, NY 10605

**New Mailing Address:**

222 BLOOMINGDALE ROAD  
SUITE 400  
WHITE PLAINS, NY 10605

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE SERVICE BUREAU INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SCOTT J. SCHUSTER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,D                      ( ) Delete  
Name: FEROLITO, JOHN M  
Address: 222 BLOOMINGDALE ROAD  
City-St-Zip: WHITE PLAINS, NY 10605

Title: S,T                      ( ) Delete  
Name: ADONAILO, RICHARD N  
Address: 5 DAKOTA DRIVE  
City-St-Zip: LAKE SUCCESS, NY 11042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. PETSHAFT

AR

11/20/2007

Electronic Signature of Signing Officer or Director

Date