PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 25 PM 5:34

DOCUMENT # P95000076593

1. Corporation Name

CONSUMER FEEDBACK SERVICES, INC.

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
2200 W. Glades Road	2200 W. Glades Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 9/29/95

5. FEI Number 65-0616292 ☐ 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: Lesley Feigenheimer

Street Address (P.O. Box Number is Not Acceptable): 2200 W. Glades Road

Suite, Apt. #, Etc.:

City: Boca Raton | State: FL | Zip Code: 33431

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****300.00 ****300.00

8. Having accepted 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: Lesley Feigenheimer Date: 10/24/00
Lesley Feigenheimer REGISTERED AGENT MUST SIGN

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, S, T	Lesley Feigenheimer	2200 W. Glades Road	Boca Raton, FL 33431

AD

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 under section 119.07(3)(i), 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: Lesley Feigenheimer Lesley Feigenheimer 10/24/00 561-236-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #