

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 MAR -2 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700144738577
03/02/09--01006--023 **1.200.00

CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000003170

1. Corporation Name
Telematics Wireless USA Corp.

2. Principal Office Address - No P.O. Box # 3330 N.W. 33rd Street		3. Mailing Office Address 3330 N.W. 33rd Street	
Suite, Apt. #, etc. Suite 302		Suite, Apt. #, etc. Suite 302	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida	
Zip 33309	Country USA	Zip 33309	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **June 3, 2004**

5. FEI Number **200827432**

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
Redgrave & Oliver LLP GENARD W GATTON PA

Street Address (P.O. Box Number is Not Acceptable)
120 East Palmetto Park Road

Suite, Apt. #, Etc.
SUITE 450

City
Boca Raton

State **FL** Zip Code **33432**

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]* **PRES** Date **2-26-2009**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P	Eddy Kafry	Saknay 10 st.,	Hod-Hasharon, Israel 45353
D	Ng Kim Hock	2200 10th Street	Plano, Texas 75074
REINSTATEMENT			
		RLH	RLH

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]* **Ng Kim Hock** **2/17/09** **469-429-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #