



2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 JAN 16 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000121450 1. Entity Name AK ONE INC	
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Principal Place of Business 10720 E HWY 40 SILVER SPRINGS, FL 34488 US	Mailing Address 4600 SW 49TH AVE OCALA, FL 34474 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152009	REIN-P	CR2E098 (1/07)
4. FEI Number X 26-1377819		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOTADYA, ZEENAT F 4600 SW 49TH AVE OCALA, FL 34474	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTADYA, ZEENAT F	NAME	400140991354
STREET ADDRESS	4600 SW 49TH AVE	STREET ADDRESS	01/16/09--01037--019 **\$300.00
CITY- ST- ZIP	OCALA, FL 34474	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTADYA, ZEENAT F	NAME	
STREET ADDRESS	4600 SW 49TH AVE	STREET ADDRESS	
CITY- ST- ZIP	OCALA, FL 34474	CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOORANI, SAMEER S	NAME	
STREET ADDRESS	4600 SW 49TH AVE	STREET ADDRESS	
CITY- ST- ZIP	OCALA, FL 34474	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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: *Sameer* 01.15.08 352.857.2225

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

1/22/09