

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

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 **\$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

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.

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		
STREET ADDRESS	4600 SW 49TH AVE		STREET ADDRESS		
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		
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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