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AUG 10 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03000003967			
1. Corporation Name Focus Interactive, Inc.			
2. Principal Office Address 1 Bridge Street Suite Apt. #, etc. Suite 42 City & State Irvington, NY Zip 10533 Country U.S.		3. Mailing Office Address 555 12th Street Suite Apt. #, etc. Suite 500 City & State Oakland, CA Zip 94607 Country U.S.	

REINSTATEMENT 05-06

4. Date Incorporated or Qualified To Do Business in Florida 08/08/2003	
5. FEI Number 061541603	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE Additional Fee required for Certificate of Status</small>	

7. Name and Address of Current Registered Agent	
Name NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite Apt. #, Etc. Suite 4 City Weston State FL Zip Code 33331	

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		Date 8-9-06	
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
V/T/D	Dominic Butera	555 12th Street, Ste. 500	Oakland, CA 94607
S/D	Daniel Caul	555 12th Street, Ste. 500	Oakland, CA 94607
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 Daniel Caul		Daniel Caul, Secretary	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 8/7/06	<small>Daytime Phone #</small>

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K. Eckel AUG 10 2006

To: FL Dept. of State
Subject: 000173.56000

From: Katie Wonsch

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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CORPORATION REINSTATEMENT

FOCUS INTERACTIVE, INC.

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