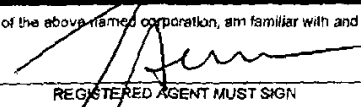
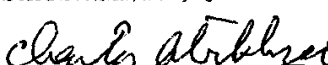


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W06000040302		FILED 06 OCT 10 PM 2:53	
DOCUMENT # P00000025966 1. Corporation Name T.A.M.I. TECHNOLOGIES CORP.					
2. Principal Office Address 1501 Presidential Way Suite, Apt. #, etc. suite # 5 City & State West Palm Beach, Florida Zip 33401		3. Mailing Office Address 60 St. Jacques Street West Suite, Apt. #, etc. 2nd Floor City & State Montreal, Canada Zip H2Y 1L5		REINSTATEMENT CR2E081 (12/05) 02-06 4. Date incorporated or Qualified To Do Business in Florida March 14th, 2000 5. FEELN # 651004399 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Jaimy Bensimon Street Address (P.O. Box Number is Not Acceptable) 1501 Presidential Way Suite, Apt. #, Etc. suite # 5 City West Palm Beach					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S. Signature of Registered Agent:  Date 10/6/06 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		
PSD	Charles Abikhzer	60 St-Jacques Street West, 2nd Floor	Montreal, QC H2Y 1L5		
VD	Raphael Benhamou	60 St-Jacques Street West, 2nd Floor	Montreal, QC H2Y 1L5		
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:  Charles Abikhzer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		06 3,06 514-284-6085 Daytime Phone #			

6. March OCT 10 2006



Head Office

1501 Presidential Way, Suite 5
West Palm Beach, FL 33401
Tel.: (561) 686-8200

Montréal

60, rue Saint-Jacques Ouest, 8e étage
Montréal (Qc) Canada H2Y 1L5
Tel.: (514) 284-6085

October 3, 2006

To whom it may concern,

I, the undersigned, Charles Abikhzer, am President and Director of T.A.M.I. Technologies Corp. In that capacity, I confirm that T.A.M.I. Technologies Corp. never received the annual report notices for the year 2002. As such, I ask that you waive the reinstatement fee. Enclosed please find our request for corporate re-instatement as well as a cheque in the amount of \$750.00, representing the annual fees and corporate supplemental fees due from the year of administrative dissolution to date.

Sincerely,


Charles Abikhzer