2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000025966

1. Entity Name
T.A.M.I. TECHNOLOGIES CORP.

FILED
07 DEC 13 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1501 PRESIDENTIAL WAY SUITE #5 WEST PALM BEACH, FL 33401	60 ST. JACQUES STREET WEST, 2ND FLOOR MONTREAL, QUEBEC CANADA H2Y 1L5, XX

12032007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1004399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENSIMON, JAIMY 1501 PRESIDENTIAL WAY SUITE #5 WEST PALM BEACH, FL 33401	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 Connie Bensimon SPECIAL ASSISTANT SECRETARY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PSD ABIKHZER, CHARLES 60 ST. JACQUES ST. W., 2ND FLOOR MONTREAL, QC, CANADA, H2Y1L5,	☐ Delete	PSD, CEO ABIKHZER, CHARLES 60 St. Jacques St., W. 8th Floor Montreal, QC, Canada, H2Y 1L5	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD BENHAMOU, RAPHAEL 60 ST. JACQUES STREET W., 2ND FLOOR MONTREAL, QC, CANADA, H2Y1L5,	☐ Delete	CFO BENHAMOU, RAPHAEL 60 St. Jacques Street, W. 8th Floor Montreal, QC, Canada, H2Y 1L5	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	RH 1207	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

600113229756
12/18/07--01027--010 **750.00

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: CHARLES ABIKHZER.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #