

108

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

05 DEC 30 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100063304831
01/10/06--01018--022 **300.00

REINSTATEMENT 0506
CR2E081 (8/05)

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000041271</u> 1. Corporation Name <u>American Info Serv, Inc.</u>	
2. Principal Office Address <u>2655 Southbay Shore Dr.</u> Suite, Apt. #, etc. <u>#606</u> City & State <u>miami, FL</u> Zip <u>33133</u>	3. Mailing Office Address <u>50 Cragwood Rd</u> Suite, Apt. #, etc. <u>Suite 307</u> City & State <u>South Plainfield</u> Zip <u>NJ</u>
Country <u>U.S.A.</u>	Country <u>07080</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>4-16-2002</u>	5. FEI Number <u>32-0010335</u>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent Name <u>Fernando Silva</u> Street Address (P.O. Box Number is Not Acceptable) <u>2655 Southbay Shore Drive</u> Suite, Apt. #, Etc. <u>#606</u> City <u>miami</u>		State <u>FL</u>	Zip Code <u>33133</u>
--	--	--------------------	--------------------------

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 <u>[Signature]</u> Date <u>12/28/05</u> REGISTERED AGENT MUST SIGN	
---	--

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSID	Fernando Silva	2655 Southbay Shore Dr #606	miami, FL 33133
ND	Venkat R. Mannam	50 Cragwood Road #307	South Plainfield, NJ 07080

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 under section 119.07(3)(i), 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>12/28/05</u> Daytime Phone # <u>954-557-5194</u>



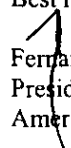
December 28, 2005
Florida Department of State

To Whom It May Concern:

Following is the filled out reinstatement form for American Info Serv, Inc, FEI 32-0010335, there has been a change in the address for the registered agent. Also the mailing address has been changed for your records. We did not receive the filling documents sent by the State of Florida therefore having a lapse in the dissolution. I am asking to please wave the late fees and following is a check for \$300.00 to reinstate the mentioned corporation.

I want to thank you for your cooperation and moving forward I will make sure this will not occur again. If you have any questions or comments I can be reached at 1-954-557-5194 or you can mail me the new mailing address.

Best regards,


Ferrando Silva
President
American Info Serv, Inc.

50 Cragwood Rd.
Suite 307
South Plainfield, NJ. 07080