2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000085457

FILED Oct 13, 2005 Secretary of State

Entity Nar	me: KLIQUOF	RS INC.							
Current Principal Place of Business:				New Principal Place of Business:					
14744A N CONGRESS AVE BOYNTON BEACH, FL 33426				4744A N CONGRESS AVE BOYNTON BEACH, FL 33426					
Current Mailing Address:				New Mailing Address:					
14744A N CONGRESS AVE BOYNTON BEACH, FL 33426				4744A N CONGRESS AVE BOYNTON BEACH, FL 33426					
FEI Number:	: 14-1841227	FEI Number Applied For ()	FEI Numi	ber Not Appl	icable ()	Certificat	e of Status Des	ired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
	ANTI ALINA ISLE DR RTH, FL 33467								
	named entity s e of Florida.	ubmits this statement for the	e purpose of	changing it	s registere	ed office or re	egistered ager	nt, or both,	
SIGNATUR	RE: KANTIPA	TEL							
	Electroni	c Signature of Registered A	gent				Date		
		(2)(b), F.S., the corporation did Trust Fund Contribution ().	not receive th	e prior notic	e.				
OFFICERS	S AND DIRECT	ORS:		ADDITION	S/CHANG	ES TO OFFI	CERS AND I	DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () PATEL, KANTI 7058 CATALINA LAKE WORTH, I		l ,	Title: Name: Address: City-St-Zip:		() Change() Addition		
Title: Name: Address: City-St-Zip:	VP () PATEL, GANTAN 7058 CATALINA LAKE WORTH, I	ISLE DR	1	Title: Name: Address: City-St-Zip:		(X) Change(JUTAM JLINA ISLE DR RTH, FL 33467) Addition		
Title: Name: Address: City-St-Zip:	T () PATEL, AMIT 7058 CATALINA LAKE WORTH, I		1	Title: Name: Address: City-St-Zip:		(X) Change(IIT MORE LANE RTH, FL 33463) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KANTI PATEL PD 10/13/2005