


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000046051

1. Entity Name
ONE TOUCH TECHNOLOGIES, INC.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -2 AM 9:52

Principal Place of Business
**SUITE 412, 22563 S.W. 66 AVENUE
BOCA RATON, FL 33428**

Mailing Address
**SUITE 412, 22563 S.W. 66 AVENUE
BOCA RATON, FL 33428**

REINSTATEMENT 06



2. Principal Place of Business
**3395 N. DIXIE HWY
SUITE # 4
BOCA RATON, FL
33431**

3. Mailing Address
**3395 N. DIXIE HWY
SUITE # 4
BOCA RATON, FL
33431**

City & State
BOCA RATON, FL

Country
USA

09272006 REIN-P CR2E098 (11/05)

4. FEI Number
65-1199975

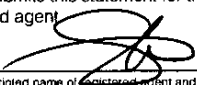
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JONES, SHAWN
SUITE 412, 22563 S.W. 66 AVENUE
BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent
Name **SHAWN JONES**
Street Address (P.O. Box Number is Not Acceptable)
3395 N. DIXIE HWY - SUITE # 4
City **BOCA RATON** FL Zip Code **33431**

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  **SHAWN JONES** DATE **9/27/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SHAWN SUITE 412, 22563 S.W. 66 AVENUE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHAWN JONES 3395 N. DIXIE HWY - SUITE 4 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080315048 09/29/06--01072--009 ***158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SHAWN JONES** DATE **9/27/06** DAYTIME PHONE # **561-395-8270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR