

21 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000100363

1. Entity Name
BICKY INTERNATIONAL INC



Principal Place of Business Mailing Address
6201 NW 17TH COURT 6201 NW 17TH COURT
SUNRISE, FL 33313- US SUNRISE, FL 33313- US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

01132006 REIN-P CR2E098 (11/05)

4. FEI Number 26-0080656 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent KHOSLA, KAVITA -
6201 NW 17TH COURT
SUNRISE, FL 33313
7. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KHOSLA, KAVITA			NAME			
STREET ADDRESS	6201 NW 17TH COURT			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33313			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: [Signature] 3/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kavita Khosla..

6201 NW 17th St
SUNRISE FL 33313
March 21, 2006.

Certified Mail

DIVISION OF Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Sir

Re: Bicky International INC

In reference to above Corporation please advised that
I have never received Annual Report for the year 2005
I am enclosing 2006 Reinstatement with a fee for
2005 & 2006 \$ 300.00

I request you to waive the penalty & please
reinstate above corporation.

Should you have any question please contact me.

Thank you for your co-operation

Sincerely

Kavita Khosla.

Encl: check.