

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000109742

FILED
Aug 18, 2006
Secretary of State

Entity Name: OMEGA KIOSK, INC.

Current Principal Place of Business:

8787 SOUTHSIDE BLVD APT 3512
JACKSONVILLE, FL 32256

New Principal Place of Business:

3749 PEACH DRIVE
JACKSONVILLE, FL 32246

Current Mailing Address:

8787 SOUTHSIDE BLVD APT 3512
JACKSONVILLE, FL 32256

New Mailing Address:

3749 PEACH DRIVE
JACKSONVILLE, FL 32246

FEI Number: 20-1451909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANFI, GALI
8787 SOUTHSIDE BLVD APT 3512
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

KANFI, GALI
3749 PEACH DRIVE
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: GALI KANFI

08/18/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: KANFI, GALI
Address: 8787 SOUTHSIDE BLVD APT 3512
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Delete
Name: KANFI, GALI
Address: 8787 SOUTHSIDE BLVD APT 3512
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: KANFI, GALI
Address: 3749 PEACH DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GALI KANFI

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08/18/2006

Electronic Signature of Signing Officer or Director

Date