


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

<b>DOCUMENT # P04000119347</b> 1. Entity Name <b>OSHEY, INC.</b>	
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05 OCT 21 AM 9: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>595 EAST SAMPLE ROAD</b> <b>POMPANO BEACH, FL 33064 US</b>	Mailing Address <b>595 EAST SAMPLE ROAD</b> <b>POMPANO BEACH, FL 33064 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10112005 REIN-P CR2E098 (6/04)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>20-1501697</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>LAW OFFICES OF HALPER &amp; TORNBERG, P.A.</b> <b>7431 W. ATLANTIC AVENUE</b> <b>SUITE 49</b> <b>DELRAY BEACH, FL 33446</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, TARIK	NAME	
STREET ADDRESS	400 ROME DRIVE, APT. #E-212	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33461	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, TARIK	NAME	
STREET ADDRESS	400 ROME DRIVE, APT. #E-212	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33461	CITY-ST-ZIP	
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, TARIK	NAME	
STREET ADDRESS	400 ROME DRIVE, APT. #E-212	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33461	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, TARIK	NAME	
STREET ADDRESS	400 ROME DRIVE, APT. #E-212	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33461	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	

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10/21/05--01050--004 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_ Date 10-16-05 Daytime Phone # 305-879-0338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR