## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	ĺ
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## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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P98 0000 TU625

1. Corporation Name

Buycatch, Inc.

2. Principal Office Address 100 W. Middle Road	3. Mailing Office Address			
100 M. Hiddle Koad	100 W. Middle Road			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			
Riviera Beach, FL	Riviera Beach, FL			
Zip Country	Zin Country			

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

**000012459430** 02/13/03--01032--016 \*\*1350.00

	4. Date Incorporated or Qualified To Do Business in Florida	1/14/98	3
	5. FEI Number		Applied For
_	65-0810150		Not Applicable
	6. CERTIFICATE OF STATUS DESIRE		ditional Fee require

Date 1/4/03

33404 Palm Beach Palm Beach 7. Name and Address of Current Registered Agent Name <u>Keith A. James</u> Street Address (P.O. Box Number is Not Acceptable) One Clearlake Center, 250 Australian Ave. South Suite, Apt. #, Etc. 500 City State Zip Code West Pälm Beach 33401

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Signature of Registered Agent

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of E ach Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip D/P Tripis, Stavros 100 W. Middle Road Riviera Beach, FL 33404 D/S Bahl, Jack 100 W. Middle Road Riviera Beach FL 33404 Τ Jayachandran, Nair G. 100 W. Middle Road Riviera Beach, FE-33404

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PEFICER OR DIRECTOR

Jep 14 4007