


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000030231		
1. Entity Name ONAI, INC.		

Principal Place of Business 1050 HILLSBORO MILE 805 W HILLSBORO MILE, FL 33062 US	Mailing Address 1050 HILLSBORO MILE 805 W HILLSBORO MILE, FL 33062 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent JOHNSTON, FRANK D 1050 HILLSBORO MILE 805 W HILLSBORO BEACH, FL 33062	
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FILED
05 FEB 28 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04-05

3/3/04 60076 013 \$145.00
02162005 REIN-P CR2E098 (6/04) on line

4. FEI Number 66-0824008
NOT APPLICABLE

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

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 Frank D Johnston DATE 2/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSTON, FRANK D 1050 HILLSBORO MILE 805 W HILLSBORO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200047542042 03/02/05--01007--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Frank D Johnston DATE 2/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Onaip, Inc.
1050 Hillsboro Mile
#805 W
Hillsboro Mile Fl 33062

February 16, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Attn: Eula Peterson
Restoration Section

Reinstatement of Florida For-Profit Corporation:
Onaip, Inc.,
EIN 65-0824008

Dear Ms. Peterson:

Per our conversation this date, please find enclosed the reinstatement form for Onaip, Inc.

As you instructed, because you have already received payment for 2004, we have enclosed a check for \$150.00 which will be credited toward 2004 and 2005.

We thank you very much for your kind assistance.

Sincerely,



Ardyce Blohm