

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
John H. Harland
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 17 PM 5:50

2001 WRL

DOCUMENT # P99000015794

1. Corporation Name

OFFICIAL KIOSK GROUP, INC.

Principal Place of Business

Mailing Address

1220 COLLINS AVENUE, SUITE 220
MIAMI BEACH FL 33139

1220 COLLINS AVENUE, SUITE 220
MIAMI BEACH FL 33139



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0888241

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------------|-----------------------------------|--|---|
| D | ZUR, TALEE | 1800 NE 114TH ST #1602 | NORTH MIAMI FL 33181 |
| D | ROBERT FARMER | 1220 COLLINS AVE STE 220 | MIAMI BEACH, FL 33139 |
| D | ZUR, MOSHE | 1800 NE 114TH ST #1602 | NORTH MIAMI FL 33181 |
| D | BONIS, HENRY S | 1800 NE 114TH ST #1602 | NORTH MIAMI FL 33181 |
| D | HOTCHANDANI, KAMAL | 1655 WASHINGTON AVE 1220 COLLINS AVE STE 220 | MIAMI BEACH FL 33139 MIAMI BEACH, FL 33139 |
| D | SOLOMON, BEN | 1785 N.E. 123RD STREET 1220 COLLINS AVE STE 220 | NORTH MIAMI FL 33181 MIAMI BEACH, FL 33139 |
| D | GOBER, HAROLD S DR | 8675 N COUNTRY CLUB DR #2008 | AVENTURA FL 33180 |

8. Name and Address of Current Registered Agent

SOLOMON, BEN
1220 COLLINS AVENUE, SUITE 220
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt., etc. _____
City _____ State _____ Zip Code _____
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/11/01

11. 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 filing 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/01

305-674-8912

CR2E040 (8/01)



www.amginternational.com

1220 Collins Ave. Suite # 220
Miami Beach, FL. 33139
Tel# 305.674.9861
Fax# 305.674.7495

info@amginternational.com

October 12, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DOCUMENT #: P99000015794

FEI #: 65-0888241

Dear Sir or Madam,

I am writing to you on behalf of Official Kiosk Group, Inc. We have just received a Certificate of Administrative Dissolution or Revocation informing us that Official Kiosk Group, Inc. is administratively dissolved as of September 21, 2001.

We have never received the original application form nor have we received any warnings or reminders in the past. Please note that the ownership and mailing address of our company has changed in the past year as has staff and we request that you take this into consideration.

We would like to be reinstated effective immediately and respectfully request that due to the extenuating circumstances involved, you waive the \$750 that is due and accept \$150 that is ordinarily mandated for this form. We are also enclosing an additional \$8.75 for a Certificate of Status.

If you have any questions or concerns, please do not hesitate to contact me at 305 674 9861.

Regards,

Kamal Hotchandani
President