

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

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



2/26/02 90142039 150.00

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

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

Zip

Country

Zip

Country

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|--|---|-------------------------------------|
| D | FARMER, ROBERT | 1220 COLLINS AVE., STE 220 | MIAMI BEACH FL 33139 |
| D | HOTCHANDANI, KAMAL | 1220 COLLINS AVENUE, SUITE 220 | MIAMI BEACH FL 33139 |
| D | SOLOMON, BEN | 1220 COLLINS AVENUE, SUITE 220 | MIAMI BEACH FL 33139 Delete this |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name KAMAL HOTCHANDANI
 Street Address (P.O. Box Number is Not Acceptable)
 1220 COLLINS AVE, STE 220
 Suite, Apt. #, Etc.
 City MIAMI BEACH State FL Zip Code 33139

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

Daytime Phone #

CR2ED40 (8/02)



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SENT VIA CERTIFIED MAIL

October 28, 2002

Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302

RE: P99000015794

To Whom It May Concern:

Attached, please find the application for reinstatement for Official Kiosk Group, Inc. - for document # P99000015794. Please note that we did file a report with proper payment on February 2002 (you have record of payment on file). We then received a notice of missing one of the two signatures as per your written request on July, which we immediately rectified and send back for processing. Apparently, it has been lost on the mail. I would appreciate it if you rectify our file, and waive any late fees, since we have followed the proper steps to file the necessary documents.

Sincerely,

Caryn Arsis
Accounting Dept