


H04000251192 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000016794					
1. Corporation Name Official Kiosk Group, Inc.					
2. Principal Office Address 1220 Collins Avenue			3. Mailing Office Address 1220 Collins Avenue		
Suite, Apt. #, etc. Suite 220			Suite, Apt. #, etc. Suite 220		
City & State Miami Beach, FL			City & State Miami Beach, FL		
Zip 33139	Country US	Zip 33139	Country US	4. Date Incorporated or Qualified To Do Business in Florida 2/17/1999	
5. FEI Number 65-0888241				Assess Fee Not Applicable	
6. CERTIFICATE OF STATUS DEPOSED <input type="checkbox"/>				See 7b additional fee required for a Certificate of Status	

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 04 DEC 22 PM 12:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name
Kamal Hotchandani

Street Address (P.O. Box Number is Not Acceptable)
1220 Collins Avenue


Suite, Apt. #, Etc.
Suite 220

City
Miami Beach

State
FL

Zip Code
33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.

Signature of Registered Agent 


Date Dec 19 2004

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert Farmer	1220 Collins Avenue, Suite 220	Miami Beach, FL 33139
D	Kamal Hotchandani	1220 Collins Avenue, Suite 220	Miami Beach, FL 33139

10. I certify that I am an officer or director of the corporation or business empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filed 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 presence of individuals listed on this form do not qualify for an exemption under section 119.07(1)(a), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: 

DATE: Dec 19 2004 3:05:32 PM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

OFFICIAL KIOSK GROUP, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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