

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1992

**FLORIDA DEPARTMENT OF STATE**  
**REINSTATEMENT**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **999000040705**

1. Corporation Name  
**TOUCH SYSTEM INC**

2. Principal Office Address  
**SAME**

3. Mailing Office Address  
**5554 METRO WEST BLVD**

Suite, Apt. #, etc.  
**SAME** **#105**

City & State  
**SAME** **ORLANDO, FL**

Zip Country  
**SAME** **SAME** **32811** **ORANGE**

FILED  
 00 DEC 26 PM 2:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida  
**5/5/1999**

5. FEI Number  
**59-3574204**

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

7. Name and Address of Current Registered Agent

Name  
**Archana Johri**

Street Address (P.O. Box Number is Not Acceptable)  
**5554 METRO WEST BLVD**

Suite, Apt. #, Etc.  
**#105**

City  
**Orlando**

State Zip Code  
**FL 32811**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
**Ajohri**

REGISTERED AGENT MUST SIGN

Date  
**12-18-00**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	ARCHANA JOHRI	5554, Metro West Blvd #105	Orlando FL 32811

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 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: **Ajohri**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**12.18.00**

Daytime Phone #  
**(407) 445-7291**

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Hi Michelle,

I, Archana Johri president of the company Touch System Inc. spoke to you a few weeks ago regarding the renewal of the my corporation. I had not received any application regarding the renewal. Besides, I had left lots of messages on the voice mail. It was only after I spoke to you that I did receive my application. I am sending you the filled application with enclosed cheque for \$150 as we had talked on the phone.

Thanks for everything.

Archana Johri  
(President)

Ajohri