## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## **CORPORATION** REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

04 AUG 17 PH 3: 23

SECRETAR: STATE TALLAHASSEE, FLORIDA

### **DOCUMENT # 666032**

1. Corporation Name TIE Technologies, Inc.

2. Principal Office Address 122 East 42nd Street		3. Mailing Office Address 122 East 42nd Street		REINSTATEMENT 03	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
2900		2900		4. Date Incorporated or Qualified To Do Business in Florida 4/7/80	
City & State		City & State New York, NY			
New York, NY				5. FEI Number	Applied For
<u></u>				75-2792660	Not Applicat
Zip 10168	Country	Zip 10168	Country	6- CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of	

7. Name and Address of Cur	rent Registered Agent	
Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET		
Suite, Apt. #, Etc.		
City TALLAHASSE	State <b>FL</b>	Zip Code 32301-2525

Signature of Registered Agent  Agent Tered Agent Must sign  Jeanine Reynolds as its agent  Date							
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				
C/P/S	Peter Boonen	3940 Freedom Circle, Suite 109	Santa Clara, CA 95054				
D/V/T	Chris Nichols	122 East 42nd Street, Suite 2900	New York, NY 10168				
D	Barry Evans	101 E. Park Blvd., Ste 711	Plano, TX 75074				
		€.	00040252706				

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 filling 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:

Chris Nichols

8/12/04

212-334-9300 x12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #





ACCOUNT	NO.	•	072100000032
TOCOONI	110.	•	0/21000000022

REFERENCE : 851033 7314562

/31430.

Talricia

AUTHORIZATION

COST LIMIT : \$ 900.00 ///

ORDER DATE: August 17, 2004

ORDER TIME : 12:07 PM

ORDER NO. : 851033-005

CUSTOMER NO: 7314562

CUSTOMER: Mr. Chris Nichols

Keyclub.net, Inc.

Suite 2900 122 E 42nd St

New York, NY 10168

#### DOMESTIC FILINGS

NAME: TIE TECHNOLOGIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS