

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 12 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080938

1. Corporation Name

SPECIALTY OFFICE PRODUCTS, CORP.

15490 SW 47th Street
15490 SW 47th Street

2. Principal Office Address

15490 SW 47th Street

3. Mailing Office Address

15490 SW 47th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/30/1996

5. FEI Number

65-0697430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100037044581
05/24/04--01073--006 **150.00

7. Name and Address of Current Registered Agent

Name

Ramon A. Ruiz

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

15490 47th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

Date 05/10/2004

REGISTERED AGENT MUST SIGN

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
PSD	Ramon A. Rios	15490 SW 47th Street	Miami, FL 33185

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:

05/10/2004

305-551-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Miami, May 10th, 2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: SPECIALTY OFFICE PRODUCTS, CORP.
Doc Number P96000080938**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1996.

Your consideration will be greatly appreciated.

Sincerely,



**Ramon A. Rios
President
15490 SW 47th Street
Miami, FL 33185**