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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS				06 NOV 27 THR: 06				
DOCUMENT # p97000018525						·		:
1. Corporation Name								
OSCM - One Sto	pocom, Inco							
9145 SE 151st Ln	Rd 3. Mailing Of	3. Mailing Office Address			IN	STATE	MEI	A.T.
Suite Apt. #, etc. #3	Suite, Apt. #, 0	Suite, Apt. #, etc.		Wasa Wasi				
City & State	City & State	City & State		4. Date Incorporated or Qualified 7 To Do Business in Florida 2/27/1997  5. FEI Number Applied For				
Summerfield, FL	Zip	Country		✓ Not Applicable				
34491 ÜSA				CERTIFICATE	OF STATU		dditional Fee r Certificate of S	
7. Name and Address of Current Registered Agent								
Karen Diamond								
: 9145 SE	nharis NotAcceptable) 151 St Lane	Road #3				····		
Surie, Apr. #, Etc.		<u></u> .				<del>, . =</del>		
Summerfield					FL	34491		
8. I, being appointed the registered agent of	of the above named corpor	ration, am familiar with a	nd accept the ob	ligations of secti	on 607.05	05 or 617.0503, F.S.		
Signature of Registered Agent Harly BECUSTEDER AGENT MUST GIGN					Date	11/10/06		
9. Names and Street Addresses of Each C	Officer and/or Director (Flo	rida nonprofit corporation	ns must list at lea	ast 3 directors)	_			⊣
	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D Mahmood Ja	Mahmood Jamshidi		151st L	₋n Rd	Sur	nmerfield,	FL	
P Mahmood Ja	Mahmood Jamshidi		151st L	n Rd	Sur	nmerfield,	FL	
T Mahmood Ja	Mahmood Jamshidi		151st L	n Rd	Sur	nmerfield,	FL	
S Mahmood Ja	Mahmood Jamshidi			n Rd	Sur	nmerfield,	FL	
		<u> </u>		11/2		0 <mark>82085</mark> 4 01045025	152 **1050	00
	-			* * * *	150	21010 010		
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 contained in Chapter 119, 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: 97 352-215-2382 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								



9145 SE 151st Lane Road Summerfield, FL 34491 Phone (352) 245-2382

## One Stop.Com, Inc.

September 27, 2006

Department of State Division of Corporations Corporate Filings PO Box 6327 Tallahassee, FL 32314

## Dear Sir or Madam:

I am writing this leter in regards to file # P97000018525. I am looking to reinstate this entity; I am asking that the \$600 reinstatement fee be waived due to non-reciept of filing notification for the annual reports. I have enclosed a \$1050 check for the report fees that are required for the last seven years for the annual reports that are missing.

I thank you for you assistance in this matter and I look forward to doing business in the state of Florida.

If you have any further concerns please feel free to call me at 352-245-2382.

Thank you again,

Mahmood Jamshidi

President