

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 30 AM 9:42

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT #

SO1616

1. Corporation Name

ONE STOP PROPERTIES, INC

2. Principal Office Address

8135 NW 93<sup>rd</sup> STREET

3. Mailing Office Address

8135 N.W 93<sup>rd</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY FL.

City & State

MEDLEY FL.

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

9/21/1990

5. FEI Number

650020877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ORESTES VIDAN

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

8135 NW 93<sup>rd</sup> STREET.

Suite, Apt. #, Etc.

City

MEDLEY

State  
FL

Zip Code

33166

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

*[Signature]*  
ORESTES VIDAN

REGISTERED AGENT MUST SIGN

Date

1/22/02

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
Pres Director	RYDZ, ABRAHAM	8135 NW 93 <sup>rd</sup> Street MEDLEY	MEDLEY FL 33166
V. PRES DIRECTOR	BATTLE, JOSE R.	8135 NW 93 <sup>rd</sup> Street	MEDLEY FL 33166
			300004883143--9 -02/06/02--01049--003 ****900.00 ****900.00

10. I certify that I am an officer or director of 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-02

Daytime Phone #

1305-285-2258

CR2E081 (9/01)