

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 NOV 13 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 420216

1. Corporation Name

Office Systems of Florida, Inc

2. Principal Office Address

10800 NW 103rd ST
Suite, Apt. #, etc.
Suite 1

City & State

Miami, FL
Zip Country
33178 Dade

3. Mailing Office Address

% Robert Orenstein
Suite, Apt. #, etc. 300 E. River Dr

City & State

East Hartford
Zip Country
06105 Hartford

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1441275

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

Corporation Service Company

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

1201 Hayes ST

600008972846

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

Date

11/13/08

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
Chairman	Donald Briesdon	300 East River Dr	East Hartford CT 06105
Secretary	Peter Murgio	300 East River Dr	East Hartford CT 06105
Treasurer	Robert A Orenstein	300 East River Dr	East Hartford CT 06105
President	Charles Williams	10800 NW 103 rd ST	Miami FL 33178

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:

Robert A Orenstein Robert A Orenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
Date

860-291-5676
Daytime Phone #

CR2E081 (9/01)

Office Systems of Florida, Inc
10800 NW 103rd Street
Miami, FL 33178

November 6, 2002

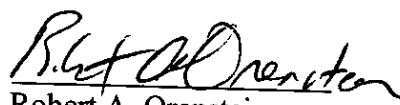
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the Corporation Reinstatement for Office Systems of Florida, Inc. It has recently come to our attention that our corporation is not in good standing in Florida. Please be advised that we moved our principal office address and mailing address in 2001 and, therefore, we never received the 2002 Uniform Business Report form the Florida Department of State mailed to us. We regret not receiving this form and not filing on a timely manner, and ask that you adjust our address accordingly and waive the \$600 reinstatement penalty.

Thank you for your consideration.

Office Systems of Florida, Inc.


By: Robert A. Orenstein
Treasurer



ACCOUNT NO. : 072100000032

REFERENCE : 812171 4806334

AUTHORIZATION :

Patricia Pujat
~~\$8.75~~ 158.75 - per Norma P.

COST LIMIT : \$ SEE ATTACHED LETTER

ORDER DATE : November 7, 2002

ORDER TIME : 1:23 PM

ORDER NO. : 812171-005

CUSTOMER NO: 4806334

CUSTOMER: Jillian Walsh, Esq
Mcdermott, Will & Emery
50 Rockefeller Plaza
12th Floor
New York, NY 10020-1605

DOMESTIC FILINGS

NAME: OFFICE SYSTEMS OF FLORIDA,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____

RECEIVED
02 NOV 13 PM 2:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA