	PLEASE READ A	ALL INSTRUCTION	S BEFORE C	OMPLETING THIS FORM.		
* ,	LICATION FOR STATEMENT	FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF CORE	ENT OF STATE ortham f State	FILED		
DOCUMENT # F9400003506				98 NOV -2 PM 2: 12		
1. Corporation Name 6FFICE SPECIALISTS, INC.				SECRETATY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address — SAME						
177 CROSSWAYS PARK DRIVE WOODBURY, NEW YORK						
	dresses are incorrect in any way, line thro cipal Office Address, If Applicable	ugh incorrect information and ent 3. New Mailing Office Address.		Date Incorporated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #, etc.				To Do Business in Florida		
City & State		City & State	<u> </u>	5. FEI Number Applied For Not Applicable		
Zip	Country	Zip Cou	ntry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status.		
7. Names an	nd Street Addresses of Each Officer and/o					
Title(s)	Name of Officers and/or Directors	i ·	Street Address of Each Officer and/or Director Use Post Office Box N	City / State / Zin		
	SEE			2000026833523		
	ATTACH	ED "		****750.80 ****750.00 <u></u>		
			REINS.	TATEMENT 98		
				34 11-16-90		
	8. Name and Address of Current R	egistered Agent	Name	9. Name and Address of New Registered Agent		
CORPORATION SERVICE CO.				O. Box Number is Not Acceptable)		
1201 HAYS STREET TAWAHASSEE, FC 32301			Suite, Apt. #, Etc.			
TAWAHASSEE, FL 32301			City	State Zip Code		
10. I, being a	ppointed the registered agent of the abov	e named corporation, am familiar	with and accept the obl			
Signature of Registered Ag	gent & S K	Date				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on Intangible tax.)						
12. 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: ROBERT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT		AVP- 3 ENT CANA 3 DIRECTOR	TAYES (1/8/8 (576)682-1400 Date Daytime Phone #			



Office Specialists, Inc. List of Officers and Directors EIN: 04-2457125 1998

Officers:

<u>Name</u>	Business Address	Office Held	
Erik Vonk	2015 South Park Place Atlanta, GA 30339	President	
Shawn Poole	2015 South Park Place Atlanta, GA 30339	Vice President/Treasurer	
Jay Schaudies	2015 South Park Place Atlanta, GA 30339	Vice President/Sec'y	
Robert Calabro	177 Crossways Park Dr Woodbury, NY 11797	Ass't Vice President - Taxes	
Directors:			
Erik Vonk	2015 South Park Place Atlanta, GA 30339		
Jay Schaudies	2015 South Park Place Atlanta, GA 30339		
Lawrence Derito	One Corporation Way Peabody, MA 01960		