


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<p>99 MAY -7 AM 8:25</p> <p>STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # K-07233					
1. Corporation Name <i>All Discount Copy Supplies, Inc.</i>					
Mailing Address <i>11833 Donlin Dr Wellington, FL 33414</i>		Principal Place of Business <i>same</i>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable <i>Above</i>		3. New Principal Office Address, If Applicable <i>Above</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>12/16/87</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>13-3443181</i>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
<i>D</i>	<i>Sheldon Buchman</i>	<i>11833 Donlin Dr</i>	<i>Wellington, FL 33414</i>		
REINSTATEMENT 98-99 TB 5/13/99					
200002883282--0 -05/24/99--01005--007 *****9000.00 *****9000.00					
8. Name and Address of Current Registered Agent <i>Nancy Atwood 1900 Glades Road Suite # 350 Boca Raton, FL 33431</i>			9. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.			City		
State FL			Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <i>Nancy Atwood</i> REGISTERED AGENT MUST SIGN			Date <i>5/4/99</i>		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Sheldon Buchman</i> SHELDON BUCHMAN Pres. <i>5/3/99</i> <i>914-267-3392</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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