

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 11 PM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **1467381**

1. Corporation Name

Service Office Supply, Inc.

2. Principal Office Address

369 Office Plaza Drive

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

U.S.A.

3. Mailing Office Address

P. O. Box 15038

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

2/22/1989

5. FEI Number

59-2932510

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

200021481772  
07/11/03--01042--009 \*\*300.00

**7. Name and Address of Current Registered Agent.**

Name

Jeffrey Levy

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

7130 Nesters Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

REGISTERED AGENT MUST SIGN

Date

7/10/03

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.	Jeffrey Levy	7130 Nesters Drive	Tallahassee, FL 32312

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY LEVY

Date

7/10/03

Daytime Phone #

850-942-4133

CR2E081 (10/02)

7/7/11

Service Office Supply, Inc.  
Post Office Box 15038  
Tallahassee, FL 32317

July 9, 2003

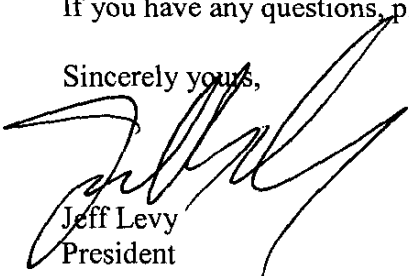
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir:

Enclosed is our Corporation Reinstatement form and our check for \$300.00. We request that you waive any reinstatement fees because we never received a notice from the Division of Corporations regarding this matter. We do have a new address since we first applied to your office.

If you have any questions, please contact me.

Sincerely yours,



Jeff Levy  
President

js

Enclosures