

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED

03 MAR 17 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000021244**

1. Corporation Name

OFFICE INNOVATION SERVICES, INC.

Principal Place of Business

6089 JOHNS ROAD
SUITE 12
TAMPA FL 33634

Mailing Address

6089 JOHNS ROAD
SUITE 12
TAMPA FL 33634

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2000

5. FEI Number

59-3628936

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED



\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RODRIGUEZ, NELSON R	10509 LAKE WILLIAMS DRIVE	ODESSA FL 33556
ST	RODRIGUEZ, EVELY R	10509 LAKE WILLIAMS DRIVE	ODESSA FL 33556

600013542696

03/05/03--01031--006 **158.75

8. Name and Address of Current Registered Agent

RODRIGUEZ, NELSON
10509 LAKE WILLIAM DRIVE
ODESSA FL 33556

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3/3/2003

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-792-8530

NELSON R. RODRIGUEZ 3/03/03

CR2E040 (8/02)



Office Innovation Services, Inc.

6089 Johns Road, Suite 12 • Tampa, Florida 33634

March 3, 2003

Florida Department of State
Division of Corporations

• Copiers

Re: Office Innovation Services, Inc.
FEI # 59-3628936
Document # P00000021244

• Faxes

• Laser
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To whom it may concern:

• Microfilm
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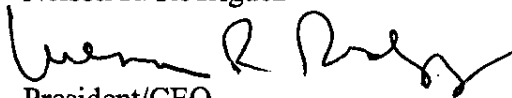
Please reinstate the above Corporation. All prior UBR notices were either not received or discarded by a careless employee. I am now screening all mail to avoid this from happening again.

• Supplies

Enclosed is a check for \$158.75, which includes the fee for a certificate of status. Thank you for your help.

• Toners

Nelson R. Rodriguez


President/CEO