

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 3:23

DOCUMENT # P00000061841

1. Corporation Name

OFFICESHIP, INC.

Principal Place of Business

Mailing Address

12315 SW 133RD COURT
MIAMI FL 33186

13727 SW 152ND STREET
BOX 261
MIAMI FL 33177

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

2. New Principal Office Address, If Applicable

7640 NW 25TH ST.

Suite, Apt. #, etc.

SUITE 113.

City & State

MIAMI, FL.

Zip

33123

Country

DADE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2000

5. FEI Number

65-1028093

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RUISANCHEZ, ANDRES	14626 SW 128TH COURT RD.	MIAMI FL 33186
STD	MESTRE, LOURDES	14626 SW 128TH COURT RD.	MIAMI FL 33186

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

SOLIS, ENRIQUE
12315 SW 133RD COURT
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

ANDRES RUISANCHEZ.

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

10727 SW 152ND STREET. #261.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33127

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

REGISTERED AGENT MUST SIGN

Date

10/22/2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

10/22/2001