* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000024549

1. Corporation Name

OFFICE INNOVATION CONCEPTS, INC.

Principal Place of Business

Mailing Address

1100 DAVID STREET

1100 DAVID STREET

1101

1101

NORTH MYRTLE BEACH SC 29582

NORTH MYRTLE BEACH SC 29582

If above addresses are incorrect in any way, line thr	12/10/03-01034-01	18 **158	
2 New Principal Office Andress, If Applicable 1503 20th AUE N	3. New Mailing Office Address, If Applicable 773 MAINST	Date Incorporated or Qualified To Do Business in Florida	03/08/200
Suite, Apt # etc. Wit 39-D	Suite, Apt. #, etc. # 271	5. FEI Number	00/00/200
North Myrtle Beach, Sc	North Mirtle Bach, 5C	65-1085848	
Zip Country CV	Zip Country Country	CERTIFICATE OF STATUS DESIRED	\$8.75 Additio

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Date Incorporated or Qualified To Do Business in Florida	03/08/2001		
5. FEI Number		Applied For	
65-1085848		Not Applicable	
6.	\$8.75 Ad	ditional Fee required	

rtificate of Status 29582 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
D j P	STANLEY, LISA	1100 DAVID STREET 1101- 503 20th Ave N #37-0 N MyHIC BOOCH, SC 29582	NORTH MYRTLE BEACH SC 29582
		NMyHICBOOK, SC 29582	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIBERMAN, LEA 2699 STIRLING RD STE A305 FORT LAUDERDALE FL 33312 services

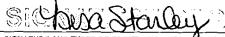
ALLAHASSFE

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 Ager

RÉGISTERED AGENT MUST SIGN

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



773 Main Street #271 North Myrtle Beach, SC 29582 November 18, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To whom it does concern:

My corporation, Office Innovation Concepts, Inc., did not receive any documents from the Department of State regarding a Uniform Business Report (UBR) and the failure to file.

Our mailing address and physical location changed on November 22, 2002 and the mail forwarding has not been reliable for other items and is a continual hassle.

I apologize for not having filed the UBR and did not realize it was required since I had changed to a foreign corporation operating in South Carolina. My accountant is now coming up to speed on Florida Corporation requirements and we will be sure not to let this incident happen again.

If you could please waive the \$600 reinstatement fee, and accept this check in the amount of \$158.75, it would be appreciated. The \$150.00 is the For-Profit Corporation Annual Report Fee and the \$8.75 is for the Certificate of Status. Please note that although the back of the form says the Annual Report Fee is \$61.25, in talking with the folks in the Reinstatement Office, I understand that is a mis-print.

Thank you for your time and attention.

Lisa Stanley President/Owner

Office Innovation Concepts, Inc