

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000056975

1. Corporation Name

PROFESSIONAL OFFICE SERVICES & SUPPLY, CORP.

4265 EAST 11 AVE

4265 EAST 11 AVE

2. Principal Office Address

4265 EAST 11 AVE

3. Mailing Office Address

4265 EAST 11 AVE

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33013

Country

Zip

33013

Country

4. Date Incorporated or Qualified

To Do Business in Florida-06/08/2001

5. FEI Number

65-1110429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE R. PEREZ

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

988 EAST 23 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code
33013

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 7/30/2004

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
PD	JOSE R. PEREZ	4265 EAST 11 AVE # 7	HIALEAH, FL 33013

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:

JOSE R PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2004

Date

786 423 6759

Daytime Phone #

FILED

04 AUG -9 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400040019194

08/09/04--01077--002 **900.00

~~400040019194~~

~~08/09/04--01077--002 **1350.00~~

REINSTATEMENT 03-04-04

CR2E081 (01/04)