

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000023097

1. Corporation Name

PAPER & OFFICE, CORP.

2. Principal Office Address  
2645-A NW 20 ST

Suite, Apt. #, etc.

City & State  
MIAMI

Zip Country  
FL 33142

3. Mailing Office Address  
2645-A NW 20 ST

Suite, Apt. #, etc.

City & State  
MIAMI

Zip Country  
FL 33142

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/01/2002

5. FEI Number  
20-5685862

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  
MARCO A RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)  
870 NW 123 COURT

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33182

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

Date

REGISTERED AGENT MUST SIGN

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	MARCO A RAMIREZ	870 NW 123 COURT	MIAMI, FL 33182

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 contained in Chapter 119, 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 #