

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000041331**

1. Corporation Name

Organizational Solutions, Inc.

2. Principal Office Address

Box 952068

Suite, Apt. #, etc.

City & State

Lake Mary FL

Zip

32795

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

Nov 22, 2002

5. FEI Number

043644885

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

Spiegel & Urrera PA

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

1840 Coral Way

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

900023363799

*09/26/03--01060--009 **150 00*

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

Kathryn Jensen
REGISTERED AGENT MUST SIGN

Date

Sep 21, 03

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
<i>Pres</i>	<i>Kathryn Jensen</i>	<i>112 Newport Sq.</i>	<i>Sanford FL 32771</i>
<i>CEO</i>	<i>Pedro Urrera</i>	<i>112 Newport Sq.</i>	<i>Sanford FL 32771</i>

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:

Kathryn Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/21/03

Daytime Phone #

407-322-5884

CR2E081 (10/02)

9/29

Organizational Solutions, Inc.

P.O. Box 952068
Lake Mary, FL 327975
407 322 5884 - voice
407 322 1916 - fax

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This morning I was looking for a document download at www.sunbiz.org and just happened to look at our listing on the Corporations home page. To my surprise, we were listed as being inactive. When I called Tallahassee, the gentleman I spoke with informed me that we were inactive based on the fact that our UBR hadn't been filed.

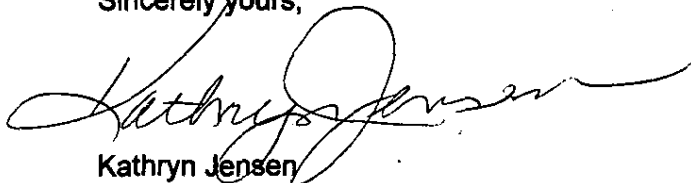
I personally completed the report and sent our check to your office well before the May 1st deadline. Our check number was 1153. I am currently checking with them and our bookkeeping service to ascertain the status of that check. In the meantime, I am enclosing an additional check for the original filing fee.

We have not received any correspondence from your office indicating that our UBR wasn't received. As a result, I haven't given it a second thought.

The gentleman that I spoke with this morning in your office suggested that I explain our circumstances and request that we be reinstated with a waiver of penalty. As a new business, we would greatly appreciate any lenience you can afford us.

Thank you so much for your help.

Sincerely yours,



Kathryn Jensen
President
Organizational Solutions, Inc.