

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108054

1. Corporation Name

MIAMI OFFICE SUPPLIES, INC.

Principal Place of Business

10515 SW 114 COURT
MIAMI FL 33176

Mailing Address

10515 SW 114 COURT
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

8213 NW 66 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8213 NW 66 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2002

5. FEI Number

43-1978264

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALCAZAR, RODRIGO	10515 SW 114 COURT	MIAMI FL 33176
			000024578770 11/12/03--01009--012 **150.00

8. Name and Address of Current Registered Agent

**ALCAZER, RODRIGO
10515 SW 114 COURT
MIAMI FL 33176**

9. Name and Address of New Registered Agent

Name

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

8213 NW 66 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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 Agent

Rodrigo Del Alcazar

Date

REGISTERED 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 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:

Rodrigo Del Alcazar
RODRIGO DEL ALCAZAR

11/06/03

305-513-9774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

MIAMI OFFICE SUPPLIES, INC.

November 5, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O.Box 1500
Tallahassee, Florida 32302 - 1500

REF: Miami Office Supplies, Inc.
Document number P02000108054

Dear Sir/Madame,

Enclosed please find the annual report of the afore-mentioned corporation. In addition, I have enclosed the filing fee of \$150. I am respectfully requesting an abatement of the lat filing fee and the reinstatement fee due to the fact that this is the first time that I have been incorporated and did receive any forms from the state regarding any additional annual filings.

I again request your consideration in this matter.

Sincerely,



Rodrigo Del Alcazar
President