

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

2006 NOV -1 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000113076

1. Corporation Name

ALL OFFICE SOLUTIONS, INC.

2. Principal Office Address
1890 NW 97TH AVE

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33172

Country
USA

3. Mailing Office Address
1890 NW 97TH AVE

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33172

Country
USA

REINSTATEMENT

05-06

10/16/06 01008 011 300.00
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 10/13/2003

5. FEI Number
32-0096139

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
JORGE G ORREGO

Street Address (P.O. Box Number is Not Acceptable)
13060 SW 108TH ST

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
USA

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 10/25/2006

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
PTD	JESUS M MONGE	13060 SW 108TH ST	MIAMI FL USA
VSD	JORGE G ORREGO	650 HERITAGE DR	MIAMI FL 33126

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

10/25/06

Date

305-591-7190

Daytime Phone #

11/2aw

2/2

Miami, October 10th , 2006

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

Re: ALL OFFICE SOLUTIONS, INC.
Doc Number P03000113076

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2005 AND 2006 Uniform Business Report. We think it was sent to a different location.

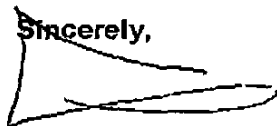
We are enclosing a check for \$300 to cover the following fees:

2005 Uniform Business Report
2006 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2003.

Your consideration will be greatly appreciated.

Sincerely,



Jorge G. Orrego
Vice-President
1890 NW 97th Avenue
Wellington, FL 33172