

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN -8 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P 04000157972*

1. Corporation Name

*Image Office Products, Inc*

**REINSTATEMENT**

500083216355  
01/04/07--01032--008 \*\*527.50

2. Principal Office Address

*7912 NW 66 ST*

Suite, Apt. #, etc.

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

City & State

*Miami FL*

City & State

*FL*

Zip

*33166*

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*11/18/2006*

5. FEI Number

*20-1967134*

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

*Luis Leal*

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

*7912 NW 66 ST*

Suite, Apt. #, Etc.

City

*Miami*

State

*FL*

Zip Code

*33166*

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

*Luis Leal*

Date

*1/2/07*

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
<i>Pres</i>	<i>Luis Leal</i>	<i>7912 NW 66 Street</i>	<i>Miami FL 33166</i>
<i>Sec</i>	<i>Hercos Collazo</i>	<i>7912 NW 66 Street</i>	<i>Miami FL 33166</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 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:

*Luis Leal* *Luis Leal*

Date

*1/2/07*

Daytime Phone #

*3054180003*

# IMAGE OFFICE PRODUCTS

7912 N.W. 66th Street  
Miami, Florida 33166

Tel.: 305-418-0003 • Fax: 305-418-7625

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Dept of State  
Divisions of Corporations

TO Whom it may concern

Please find enclosed a check for the amount of \$ 627.50, This is for the application to allow me to reinstate our corporation Image Office Products Inc # P04000157972. At the same time we are asking to please waive the ~~request~~ amount fee of \$600.00 due to the fact that we never received any <sup>2005</sup> letters or notice for the due application.

Thank you very much for  
your help

Dear Leo  
Luis Lopez  
President