

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
EZ OFFICE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,208.75

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 17 AM 9:29

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05000137451

1. Corporation Name

EZ OFFICE, INC.

2. Principal Office Address - No P.O. Box #

16777 NE 35TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

16777 NE 35TH AVE.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

Zip

33160

Country

US

Zip

33160

Country

US

CR28081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida**10/07/2005**

5. FEI Number

☐ Applied For☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ 6/25

7. Name and Address of Current Registered Agent

Name

D'ANDREA, JOSEPH F

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

16777 NE 35th Ave

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

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

6/10/10

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
PSTD	D'ANDREA, JOSEPH F	16777 NE 35th Ave	NORTH MIAMI BEACH FL 33160

B. 6/17/10

REINSTATEMENT 67-10

10. E-mail Address: **joey@ezinstalls.com**

(To be used for future annual report notification)

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. I further certify, 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

6/10/10

Date

305-957-1905

Daytime Phone #