

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000142195

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: OFFICE - CUBICLE SOLUTIONS INC.

## Current Principal Place of Business:

4244 SW 72 TERRACE  
DAVIE, FL 33314 US

## New Principal Place of Business:

6561 STERLING ROAD  
DAVIE, FL 33314 US

## Current Mailing Address:

1610 NW 135 ST  
NORTH MIAMI, FL 33167 US

## New Mailing Address:

FEI Number: 06-1760378      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARATTINI, WILLIAM A  
1610 NW 135 ST  
NORTH MIAMI, FL 33167 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM CARATTINI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARATTINI, WILLIAM A  
Address: 1610 NW 135 ST  
City-St-Zip: NORTH MIAMI, FL 33167

Title: VP ( ) Delete  
Name: CARATTINI, ROBIN R  
Address: 1610 NW 135 ST  
City-St-Zip: NORTH MIAMI, FL 33167

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CARATTINI

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date