

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000068505

1. Entity Name  
O & S CONSULTANTS, CORP.



FILED

08 OCT 17 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8846 NW 139 STREET  
MIAMI, FL 33018

Mailing Address  
8846 NW 139 STREET  
MIAMI, FL 33018

2. Principal Place of Business - No P.O. Box #  
19000 NW 89 CT.  
Suite, Apt. #, etc.

3. Mailing Address  
19000 NW 89 CT.  
Suite, Apt. #, etc.

City & State  
HIALEAH FL  
Zip 33018 Country USA

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HIALEAH FL  
Zip 33018 Country USA

4. FEI Number  
26-0377594

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ORTEGA, OMAR  
8846 NW 139 STREET  
MIAMI, FL 33018

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
19000 NW 89 CT.  
City HIALEAH FL Zip Code 33018

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/10/08

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> Delete |
| NAME           | ORTEGA, OMAR       |                                 |
| STREET ADDRESS | 8846 NW 139 STREET |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33018    |                                 |
| TITLE          | VD                 | <input type="checkbox"/> Delete |
| NAME           | RODZ, STEPHANIE    |                                 |
| STREET ADDRESS | 8846 NW 139 STREET |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33018    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | 19000 NW 89 CT                |  |
| CITY-ST-ZIP    | HIALEAH FL 33018              |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | 19000 NW 89 CT                |  |
| CITY-ST-ZIP    | HIALEAH FL 33018              |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS | 500137018135                  |  |
| CITY-ST-ZIP    | 10/17/08--01037--006 **150.00 |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/08

Date

786-367-0306

Daytime Phone #