

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 20 AM 9:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036236**

1. Corporation Name

Open System Services, Inc.

2. Principal Office Address

701 SW 27 Avenue

Suite, Apt. #, etc.

#940

City & State

Miami, FL

Zip

33135

Country

U.S.

3. Mailing Office Address

701 SW 27 Avenue

Suite, Apt. #, etc.

#940

City & State

Miami, FL

Zip

33135

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/03/93

5. FEI Number

65-0426174

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

Alexander O. Lopez

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

701 S.W. 27 Avenue

Suite, Apt. #, Etc.

#940

City

Miami

State

FL

Zip Code

33135

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******450.00 ****450.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
P, V, T, S, D	Alexander O. Lopez	701 SW 27 Ave #940	Miami, FL 33135

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 under section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 541-1970

Daytime Phone #

CR2E081 (9/01)



INFORMATION TECHNOLOGY
SOLUTIONS

330 SW 27 Avenue, Suite 402
Miami, Florida 33135
Tel: (305) 541-1970
Fax: (305) 649-8926
<http://www.opsys.com>

May 10, 2002

Reference: Document # P93000036236

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

SUBJECT: OPEN SYSTEM SERVICES, INC.

We would like to take this opportunity to ask for a reinstatement of "Open System Service, Inc.". This corporation was incorporated on August 3, 1993 and has always abided by filing its yearly UBR report on a timely basis. However, my father who was not only the Vice president but also the Registered Agent passed away on February 29, 2000, and the address was never changed. The UBR reports for 200 & 2001 were never received. Enclosed please find our application for reinstatement, which lists the new mailing address and directors. We are enclosing a check for \$450.00 in order to pay for our 1999, 2000, & 2001 UBR.

We apologize for any inconvenience this has caused and would like to thank you for your time and attention to this matter. If you have any questions, please contact me at (305) 503-3000

Sincerely,

Alexander O. Lopez
President
Open System Services, INC.