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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 MAY -4 PM 12:05

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 93000078529

Instant Office, Inc.
209 N Atlantic Blvd
Fort Lauderdale FL 33304

2. If Address in Block 1 is incorrect, enter the correct address below:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address
2635 N State Road 7
City and State
Lauderhill FL 33313
Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
City and State
Zip Code

REINSTATEMENT 15-98

4. Date Incorporated or Qualified To Do Business in Florida

11/8/93

5. FEI Number

65-0447243

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers * and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Clemente Bedusa	2635 N State Rd 7	Lauderhill FL 33313

200002520172-2
-05/12/98-01040-021
***1200.00 ***1200.00

[Signature]

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Clemente Bedusa
2635 N State Road 7
Lauderhill, FL 33313

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date X 4-27-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

[Signature]

Date 4-27-98

Daytime Phone # 954 485 3031