


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
1999-2001
UBR

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

FILED
01 FEB 26 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P930000 78529

1. Corporation Name
INSTANT OFFICE INC
6500 NORTH POWERLINE ROAD
Ft. LAUDERDALE, FL 33309

2. Principal Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-9-93

5. FEI Number

65-0447243

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

CLEMENTE BEDUSA

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

6500 N. POWERLINE ROAD

Suite, Apt. #, Etc.

400003912724-2

03/27/01-01092-001

****450.00 ****450.00

City

Ft. LAUDERDALE

State

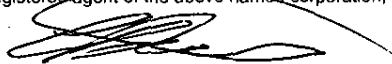
FL

Zip Code

33309

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



Date

2-23-01

REGISTERED AGENT MUST SIGN

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	CLEMENTE BEDUSA	6500 N. POWERLINE RD	Ft. LAUDERDALE FL 33309
VP	ROBERT BEDUSA	200 HAMPTON AVE	WHITE PLAINS NY

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-23-01

Daytime Phone #

CR2E081 (9/00)