

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 APR -2 A 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



DOCUMENT # P93000078529 1. Entity Name INSTANT OFFICE, INC.	
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Principal Place of Business 2967 N POWERLINE ROAD POMPANO BEACH, FL 33069	Mailing Address 2967 N POWERLINE ROAD POMPANO BEACH, FL 33069
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0447243	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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03192009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent BEDUSA, GREGORY 2967 N POWERLINE ROAD POMPANO BEACH, FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Gregory Bedusa 3/24/09
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDUSA, GREGORY	NAME	
STREET ADDRESS	2967 N POWERLINE ROAD	STREET ADDRESS	600148450976
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	04/02/09--01037--025 **300.00
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDUSA, ROBERT	NAME	
STREET ADDRESS	200 HAMPTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	REINSTATEMENT
CITY-ST-ZIP		CITY-ST-ZIP	08-09
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gregory Bedusa 3/24/09 954-351-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #