

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 APR -2 A 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



03192009 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P93000078529</b> 1. Entity Name INSTANT OFFICE, INC.					
Principal Place of Business 2967 N POWERLINE ROAD POMPANO BEACH, FL 33069			Mailing Address 2967 N POWERLINE ROAD POMPANO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0447243	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <span style="float: right;">FL</span> Zip Code	
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 <u>Gregory Bedusa</u> <span style="float: right;">3/24/09</span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEDUSA, GREGORY 2967 N POWERLINE ROAD POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEDUSA, ROBERT 200 HAMPTON AVENUE WHITE PLAINS, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			600148450976 04/02/09--01037--025 **300.00		
SIGNATURE: <u>Gregory Bedusa</u> <span style="float: right;">3/24/09</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>			REINSTATEMENT <span style="float: right;">08-09</span> 		
954-351-8889			Daytime Phone #		