

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT -9 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500000/920**

1. Corporation Name
Micrographics Business Products Corporation

2. Principal Office Address
4079 Pinewood Lane

3. Mailing Office Address
7850 NW 14th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.
511

City & State
Weston FL

City & State
Miami Lakes FL

Zip Country
33331 U.S.A.

Zip Country
33016 U.S.A.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida
01/01/1995

5. FEI Number Applied For
65-0542342 Not Applicable **SP**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Andre Martins**

Street Address (P.O. Box Number is Not Acceptable)
4079 Pinewood Lane

Suite Apt. #, Etc.

City
Weston

288883434182-4
-10/23/00-01001-007
******900.00 ****900.00**

State Zip Code
FL 33331

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 **10/5/2000**

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	Eduardo Martins	4152 Pine Ridge Lane	Weston, FL, 33331
VP	Andre Martins	4079 Pine Wood Lane	Weston, FL, 33331
Sec	Silvana Martins	4079 Pine Wood Lane	Weston, FL, 33331

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

Eduardo Martins

9/20/00

Date

305-231-7266

Daytime Phone #