

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P95000069306*

1. Corporation Name

AFFORDABLE OFFICE SUPPLY, INC.

2. Principal Office Address

1018 SE PORT ST. LUCIE BLVD

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

Zip

34952

Country

USA

3. Mailing Office Address

1018 SE. PORT ST. LUCIE BLVD.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

Zip

34952

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 5, 1995

5. FEI Number

65-0613940

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

Phyllis L. HERRMANN

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

1018 SE PORT ST. LUCIE BLVD.

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34952

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

Phyllis L. Herrmann

REGISTERED AGENT MUST SIGN

Date *Feb. 11, 2006*

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
<i>P/D</i>	<i>Phyllis L. HERRMANN</i>	<i>3403 SE. GUINEVERE LANE</i>	<i>PORT ST. LUCIE, FL 34952</i>
<i>V/S</i>	<i>DANNY P. HERRMANN</i>	<i>3403 S.E. GUINEVERE LANE</i>	<i>PORT ST. LUCIE, FL 34952</i>

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 contained in Chapter 119, 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:

Phyllis L. Herrmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-06 335-9234

Date

Daytime Phone #

FILED

06 FEB 15 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *02-06*

CR2E081 (12/05)