

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 DEC -3 PM 2:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000012859**

1. Corporation Name

OFFICE USA FRANCHISE SERVICES, INC.

REINSTATEMENT '98



SOC 12-3-98

Principal Place of Business Mailing Address
 6812 N.W. 77 COURT 6812 N.W. 77 COURT
 MIAMI FL 33166 MIAMI FL 33166
 US US
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/09/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		APPLIED FOR	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DVS	LEYVA, GIRALDO	6812 N.W. 77 CT	MIAMI FL
DP	LEYVA, AURELLO A	6812 N.W. 77 CT	MIAMI FL
AS	MIR, HECTOR J	2655 LE JEUNE RD, STE 1107	CORAL GABLES FL

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 ****758.75 ****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MIR, HECTOR J 2655 LE JEUNE RD STE 1107 CORAL GABLES FL 33134		Name GIRALDO LEYVA Street Address (P.O. Box Number is Not Acceptable) 6950 N.W. 77TH CT. Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33166	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 REQUIRED** Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (0/98)