

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

1 Corporation Name

OSCM-ONE STOP.COM, INC.

FILED

99 NOV 10 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

33 CAIN DRIVE  
PLAINVIEW, NY 11803-4420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1999

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified  
To Do Business in Florida

FEBRUARY 27, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593436221

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
Pres. & Director	RAMI ADLER	76A BEN YEHUDA STREET	TEL AVIV, ISRAEL 63433
Director	GERARD CONCA	33 CAIN DRIVE	PLAINVIEW, NY 11803-4420

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Laura R. Duff*

REGISTERED AGENT MUST SIGN

Date 11-16-99

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.

300003041403--8

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerard Conca, Director

11/4/99

Date

516-454-1577

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : ~~474934~~ 4303030

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 758.75

ORDER DATE : November 9, 1999

ORDER TIME : 12:06 PM

ORDER NO. : 474934-005

CUSTOMER NO: 4303030

CUSTOMER: Ms. Gail L. Blair  
Loeb And Loeb LLP  
1000 Wilshire Blvd.  
Suite 1800  
Los Angeles, CA 90017

DOMESTIC FILINGS

NAME: OSCM-ONE STOP.COM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  
XX CERTIFIED COPY

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
99 NOV 10 PM 1:44  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA