

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 27 2006

DOCUMENT # p97000018525

1. Corporation Name

OSCM - One Stop.com, Inc.

2. Principal Office Address

9145 SE 151st Ln Rd

3. Mailing Office Address

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

Summerfield, FL

City & State

Zip
34491

Country
USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 2/27/1997

5. FEI Number

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

Karen Diamond

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

9145 SE 151st Lane Road #3

Suite, Apt. #, Etc.

#3

City

Summerfield

State
FL

Zip Code
34491

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

Karen Diamond

REGISTERED AGENT MUST SIGN

Date 11/10/06

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
D	Mahmood Jamshidi	9145 SE 151st Ln Rd	Summerfield, FL
P	Mahmood Jamshidi	9145 SE 151st Ln Rd	Summerfield, FL
T	Mahmood Jamshidi	9145 SE 151st Ln Rd	Summerfield, FL
S	Mahmood Jamshidi	9145 SE 151st Ln Rd	Summerfield, FL
			200082085462
			11/27/06--01045--025 **1050.00

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:

gm jh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/06

Date

352-245-2382

Daytime Phone #

B. Mitchell NOV 27 2006

20f2

9145 SE 151st Lane Road
Summerfield, FL 34491
Phone (352) 245-2382

One Stop.Com, Inc.

September 27, 2006

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing this letter in regards to file # P97000018525. I am looking to reinstate this entity; I am asking that the \$600 reinstatement fee be waived due to non-receipt of filing notification for the annual reports. I have enclosed a \$1050 check for the report fees that are required for the last seven years for the annual reports that are missing.

I thank you for your assistance in this matter and I look forward to doing business in the state of Florida.

If you have any further concerns please feel free to call me at 352-245-2382.

Thank you again,



Mahmood Jamshidi

President

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