PLEASE READ	ALL INSTRUCTIONS	S BEFORE (	.OM⊦ ĽE I	ING IHIS FURM.	
APPLICATION REINSTATE ENT.	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State		APPROYEL AND FILED		
DOCUMENT#			98 DEC -2 PM 12: 16		
1. Corporation Name **			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Affordable Office Equiptment, IUC.					SEE, FLÖRIÐA
Principal Place of Business Mailing Address			<u> </u> 		
1010 Gilford St					
OlDsmar, FL 34677					
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					
1010 G. I Ford S +	Suite, Apt. #, etc.	Applicable	Date Incorporated or Qualified     To Do Business in Florida		
City & State	City & State		5. FEI Number	52425	Applied For
Oldsmar, FC Country	Zip Count	try	6.	S8.75	Not Applicable  Additional Fee required
7. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corpor	ations must list at lea		for divisor president in the	a Certificate of Status
Title(s) Name of Officers Street Address of Eac Officer and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box		fficer and/or Director		City / Stat	e / Zip
TR Doug Puss 1010 Galfer			umbe(s)	010smar, FC	34677
010smar, FC 34677					
			<u>.</u>		
		600027054166 -12/08/9801005016 			1005016
			· · · · · · · · · · · · · · · · · · ·		
			1R	12/7	
			9		
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent		
Name			Evass		
Street Address (F			O Box Number is Not Acceptable)		
City _				State	Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obli			rQY ligations of Section	FL	34677
Signature of Registered Agent Dover Ruos	GISTERED AGENT MUST SIGN			Date 10-28-9}	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: Doug Russ 10-21-98 6B-804-4364					
SIGNATURE:   Date   Date   Daytime Phone #					

. .

----

-

October 28, 1998

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Affordable Office Equiptment, Inc.

Dear Sir or Madam:

I am requesting the aboved named corporation be reinstated for the \$150.00 due to the fact the paperwork never came to the above named business. I had a address change at the old address and never received the annual report. The registered agent listed on the paperwork ceased living in Florida and didn't inform my business. I figured the paperwork would come to me since my address is in Florida.

Sincerely,

Doug Ruoss

Doug Ruoss Enclosure