

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 28 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

KOMPASS OFFICE PRODUCTS, INC.

300010166893
02/04/03--01093--026 **300.00

REINSTATEMENT 01-03

300010166893
01/16/03--01061--006 **750.00

2. Principal Office Address

2903 BAYVIEW W

Suite, Apt. #, etc.

3. Mailing Office Address

2903 BAYVIEW W

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33611

Country

USA

Zip

33611

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1997

5. FEI Number

59-3477132

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

LOUISE - SANTOPOLLO - MONSALVE

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

2903 BAYVIEW W

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33611

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

REGISTERED AGENT MUST SIGN

Date

1/14/03

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 |
|--------|--------------------------------------|---|--------------------|
| P | SANTOPOLLO-MONSALVE LOUISE | 2903 BAYVIEW W | TAMPA FL 33611 |
| VP | MONSALVE-JORGE | 2903 BAYVIEW W | TAMPA-FL 33611 |
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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 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.

LOUISE SANTOPOLLO - MONSALVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813)

835-5415

js 1/28