

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 23 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000079126**

1. Corporation Name

**EQUIPMENT MACHINERY COPIER AND OFFICES
SUPPLIERS INC.**

REINSTATEMENT 03-04

2. Principal Office Address

5131 HANCOCK RD.

Suite, Apt. #, etc.

City & State

**SOUTHWEST RANCHES
FL.**

Zip

33330

Country

USA

3. Mailing Office Address

SAME -

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0859092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

100033566891

04/22/04--01053--013 **300.00

7. Name and Address of Current Registered Agent

Name

ROSANA A. MARCHELI

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

5131 HANCOCK RD.

Suite, Apt. #, Etc.

City

SOUTHWEST RANCHES

State

FL

Zip Code

33330

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

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
PRST	ROSANA A. MARCHELI	5131 HANCOCK RD	SOUTHWEST RANCHES FL. 33330

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/4

Daytime Phone #

CR2E081 (10/02)

4/17/2004


FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

REF: EQUIPMENT MACHINERY COPIER AND OFFICES SUPPLIERS INC.
REINSTATEMENT

Enclosed please find Corporation Reinstatement form for above referenced corporation, properly filled and signed, together with our check for \$300.00 to cover the fees.

The original form was never received because we moved from the previous address to our current address. We appreciate very much your help on this matter.

Sincerely



Rosana A. Marcheli
President

Equipment Machinery Copier and Offices Suppliers Inc.