

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000102779**

1. Corporation Name

OFF, INC.

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Principal Place of Business

9200 NW 53RD STREET
SUNRISE FL 33351

Mailing Address

9200 NW 53RD STREET
SUNRISE FL 33351

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		4. Date Incorporated or Qualified To Do Business in Florida 12/07/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0883735	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

No(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	President Roger Michaud	9200 NW 53RD	Sunrise Fla 33351
2	Secretary Cathy Michaud	9200 NW 53RD	Sunrise Fla 33351

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***150.00 ***150.00

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8. Name and Address of Current Registered Agent

MICHAUD, ROGER J
9200 NW 53RD STREET
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

Roger Michaud

Date **11-12-99**

REGISTERED AGENT MUST SIGN

11-19-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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:

Roger Michaud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cathy Michaud

11-12-99

Date

Daytime Phone #

11-19-99