

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -4 PM 2: 56

DOCUMENT # P99000034697

1. Corporation Name

PAPERS "R" US, INC

2. Principal Office Address

3715 OAK RIDGE CIRCLE

3. Mailing Office Address

3715 OAK RIDGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33331

Country

USA

Zip

33331

Country

USA

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

5. FEI Number

65-1070648

SP

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

MARIA CORZO

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

3715 OAK RIDGE CIRCLE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33331

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**

Date

REGISTERED AGENT MUST SIGN

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	MARIA CORZO	3715 OAK RIDGE CIRCLE	FT. LAUDERDALE, FL 33331
D	JUAN CORZO	3715 OAK RIDGE CIRCLE	FT. LAUDERDALE, FL 33331
D	ANA CORZO	3715 OAK RIDGE CIRCLE	FT. LAUDERDALE, FL 33331
D	ANTONIO AREVALO	6940 NW 186 ST. APT.220	MIAMI, FL 33015

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

Daytime Phone #