

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  
DIVISION OF CORPORATIONS

02 APR 25 PM 4:00

**DOCUMENT # P99000076319**

1. Corporation Name **O C SERVICES GROUP INC.**

**1840 WEST 49TH STREET  
SUITE # 724  
HIALEAH, FLORIDA 33012**

2. Principal Office Address  
**1840 WEST 49TH STREET**

3. Mailing Office Address

Suite, Apt. #, etc.  
**SUITE 724**

Suite, Apt. #, etc.

City & State  
**HIALEAH, FLORIDA**

City & State

Zip Country  
**33012 U.S**

Zip Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida **08/26/1999**

5. FEI Number  
**26-6892687**

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

**OTNIEL CISNEROS**

Street Address (P.O. Box Number is Not Acceptable)  
**1840 WEST 49TH STREET**

Suite, Apt. #, Etc.  
**SUITE 724**

City  
**HIALEAH**

State  
**FL**

Zip Code  
**33012**

400005500634--6  
-05/09/02--01055-004  
\*\*\*1058.75 \*\*\*1058.75

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 **04/24/2002**

**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
PRES	OTNIEL CISNEROS	1840 WEST 49TH STREET SUITE 724	HIALEAH, FLORIDA 33012
V-PRES	OTNIEL CISNEROS	1840 WEST 49TH STREET SUITE	HIALEAH, FLORIDA 33012
SECT	OTNIEL CISNEROS	1840 WEST 49TH STREET SUITE 724	HIALEAH, FLORIDA 33012
TREAS	OTNIEL CISNEROS	1840 WEST 49TH STREET SUITE	HIALEAH, FLORIDA 33012

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:

04/24/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/99)