

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 81360

1. Corporation Name

OFFICE BAP, INC

600007829246--7

-09/18/02--01034--025

****300.00 ****300.00

BW

2. Principal Office Address

300 NW 70th Ave

Suite, Apt. #, etc.

301

City & State

FORT LAUDERDALE FL

Zip

33317

Country

3. Mailing Office Address

300 NW 70th Ave

Suite, Apt. #, etc.

301

City & State

FORT LAUDERDALE FL

Zip

33317

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-99

5. FEI Number

65-094-9978

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

MARIELA BORRELL

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

300 NW 70th Ave

Suite, Apt. #, Etc.

301

City

FORT LAUDERDALE

State

FL

Zip Code

33317

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-27-02

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
President	MARIELA BORRELL	300 NW 70th Ave # 301	FORT LAUDERDALE FL 33317

01-02 UBR

70

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-27-02

Daytime Phone #

954-

452-2747

CR2E081 (9/01)

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August 28, 2002

Department of Division of Corporation

To Whom It May Concern:

I would like to request to reinstate my corporation. I understand that the documents for Office Gap, Inc were close on 2001.

Being a new and small corporation, I was not informed of the forms that had to be mail every year. My accountant had moved his office, and had no information of the paper work that had to be mail for my corporation.

I kindly request that Office Gap, Inc forms and any paper work should be mail to:

Office Gap, Inc
300 NW 70th Ave. #301
Fort Lauderdale, Fl 33317

I am enclosing a form and a check for the amount for \$300.00

Please advice me if Office Gap, Inc can continue with the corporation that was created on the year of 1,999.

Thank you for your attention to this matter.

Sincerely

Mariela Borrello
President