PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 OCT 16 AM 9: 59

REINSTATEMENT	A TEST
OCUMENT #	V04260

1. Corporation Name

OFFICEWORKS PLUS, INC	Q	F	FI	CE	W(OR	KS	PLI	JS,	IN	C	,
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160	DISCA	VNE	AV/I	=	

Mailing Address

160 BISCAYNE AVE TAMPA FL 33606 US 160 BISCAYNE AVE TAMPA FL 33606

US

If above addres	ses are incorrect in any way, line t	through incorrect infe	ormation and enter correction below.		10729/03-01008-50	13 #	*15	8.75	
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida		01/02/1992		
Suite, Apt. #, etc. City & State		Suite, Apt. #, e	Suite, Apt. #, etc. City & State			<u> </u>	27 10	, <u> </u>	
					5. FEI Number 65-0309681			Applied For	
		City & State						Not Applicable	
Zip Country		Zip Country		- 6.		\$8.75	Addit	ional Fee required	
				CERTIFICATE OF STATUS DESIRED A for a Certificate			ificate of Status		
7. Names and St	reet Addresses of Each Officer an	d/or Director (Florid	da nonprofit corporations must list at l	east 3	directors)				

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ANDERSON, CHARLES H.	409 HAMPTON GREEN	PEACHTREE CITY GA 30269
D	SUTTON, JOHN	160 BISCAYNE AVE	TAMPA FL 33606
· ·			

8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent				
	Name				
SUTTON, JOHN 160 BISCAYNE AVE	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33606	Suite, Apt. #, Etc.				
٨	City State Zip Code				

10. I, being appointed the egistered accent of the above named appropriation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10 9 03

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 607 or 617, F,S. I further certify that when filling 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

10/14/03 770-486-6

Daytime Phone #

CR2E040 (7/03)



409 Hampton Green Peachtree City, GA 30269 (770) 486-6722 Fax (770) 486-6976 canderson@officeworksplus.com www.officeworksplus.com

October 14, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

We are enclosing the annual report for our corporation with the standard filing fee of \$150. plus the \$8.75 for a copy of the certificate of status. We are respectfully requesting that OfficeWorks plus, Inc. be returned to active status.

We did not receive either of the previous uniform business report notices (UBR). FIR 2003 Address information is correct. This has not happened previously to our corporation during our eleven plus years of operation.

We appreciate your attention to this matter.

Sincerely,

Charles H. Anderson

President

John Sutton

Director and Registered Agent