

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 14 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V6D507

1. Corporation Name

SHOSTATE OFFICE EQUIPMENT, Inc.

REINSTATEMENT 02-03

800021497658

07/11/03--01059--004 **908.75

2. Principal Office Address

4899 W. WATERS AVE
TAMPA, FL 33634

3. Mailing Office Address

4899 W. WATERS AVE
TAMPA, FL 33634

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

D

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

Zip

33634

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/92

5. FEI Number

59-3139326

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

LARRY MORGAN

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

4899 W. WATERS AVE.

Suite, Apt. #, Etc.

D

City

TAMPA

State

FL

Zip Code

33634

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

7/9/03

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
<u>P</u>	<u>LARRY MORGAN</u>	<u>4899 W. WATERS AVE</u> <u>SUITE D</u>	<u>TAMPA, FL 33634</u>

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] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/8/03

Daytime Phone #

813-880-0444

CR2E081 (10/02)

7/7/14