


1 of 2 pages
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15 MAY -8 AM 9:55

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 648609					
1. Corporation Name Oloccs Realty, Inc.					
2. Principal Office Address - No P.O. Box # 14-34 110th Street			3. Mailing Office Address 14-34 110th Street		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State College Point, NY			City & State College Point, NY		
Zip 11356	Country USA	Zip 11356	Country USA	4. Date Incorporated or Quiesced To Do Business in Florida 12/18/1979	
5. FEI Number 112530849				Applied For REGISTRATION	
7. Name and Address of Current Registered Agent Name Robert M. Koppel Street Address (P.O. Box Number is Not Acceptable) 6690 Hiatus Road State, Apt. #, etc. City Tamarac State FL Zip Code 33321				6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for Certificate of Status	
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 <i>Robert M. Koppel</i> Date 5/7/15 REGISTERED AGENT MUST SIGN					
9. Names and Street Address 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	
P	Jack Seidler	14-34 110th Street		College Point, NY 11356	
VP	Steven Feinstein	14-34 110th Street		College Point, NY 11356	
T	Irving Klein	14-34 110th Street		College Point, NY 11356	
10. E-mail Address: belinda.lin@amick.com.sg <small>(To be used for future annual report notifications)</small>					
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 filing this reinstatement application, the reason for disqualification has been eliminated, the corporate name satisfies the requirements of section 607.0461 or 617.0461, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.158, F.S. SIGNATURE: <i>Steven Feinstein</i> Steven Feinstein 5/30/2015 (718) 961-6212 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City and Phone #					

Re 5/8/15

5/8/2015 8:57:53 AM From: To: 8506176384(1/2)
Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT
OLOCES REALTY, INC.

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