PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 VBR

FILED
02 OCT 30 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H14989

1. Corporation Name

OLIVARI AND ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
% WILLIAM L. OLIVARI STE D ORMOND BEACH FL 32174-9188 US	% WILLIAM L. OLIVARI STE D ORMOND BEACH FL 32174-9188 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/1984

5. FEI Number: 59-2425904 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	OLIVARI, WILLIAM L.	141 SAGE BRUSH TRAIL	ORMOND BCH. FL
VPD	OLIVAR, JOHN S	141 SAGE BRUSH TRL STE D	ORMOND BEACH FL 32174
SD	GREENLEES, MARY	141 SAGE BRUSH TRL STE D	ORMOND BEACH FL 32174
		500008696315 10/30/02--01044--005 **150.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
OLIVARI, WILLIAM L. 141 SAGE BRUSH TRAIL STE D ORMOND BEACH FL 32074	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: William L. Olivari SIGNATURE REQUIRED Date: 10/28/02

REGISTERED AGENT MUST SIGN

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 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: William L. Olivari SIGNATURE REQUIRED President 10/28/02 386 672 0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OLIVARI & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

October 28, 2002

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

Re: Application for Reinstatement
Document #H14989
Olivari And Associates, P.A.

Dear Sir or Madam:

We are shocked and alarmed that our Corporation has been administratively dissolved. This is to certify that we did not receive any prior correspondence or billing relative to the 2002 annual report. All corporate bills are paid immediately upon receipt. Our Florida Intangible Tax return for January 1, 2002 was filed March 18, 2002, well in advance of its due date. Please accept this annual payment enclosed and be sure to add us to your annual billing list.

Very truly yours,

William L. Olivari, CPA

Enclosure

/gb

141 SAGE BRUSH TRAIL · SUITE D · ORMOND BEACH, FLORIDA 32174
(386) 672-0775 · FAX (386) 677-1024