

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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

% WILLIAM L. OLIVARI
STE D
ORMOND BEACH FL 32174-9188
US

Mailing Address

% 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

OLIVARI, WILLIAM L.
141 SAGE BRUSH TRAIL
STE D
ORMOND BEACH FL 32074

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 386
622 0725

CR2E040 (8/02)

OLIVARI & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

October 28, 2002

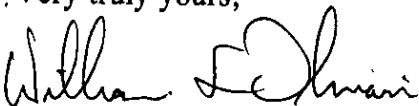
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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