

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 574285

1. Corporation Name

GREGORY R. OLSEN, INC.

2. Principal Office Address - No P.O. Box #

3023 Tanglewood Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33761

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

GOTTLIEB & GOTTLIEB, P.A.

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

2475 Enterprise Road

Suite, Apt. #, Etc.

100

City

Clearwater

State

FL

Zip Code

33763

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

REGISTERED AGENT MUST SIGN

Date 9/6/07

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
D/P	Gregory R. Olsen	3023 Tanglewood Drive	Clearwater, FL 33761
D/S	Sue E. Olsen	3023 Tanglewood Drive	Clearwater, FL 33761

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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 contained in Chapter 119, 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

9/6/07

Date

(727) 786-4696

Daytime Phone #

FILED

07 SEP 10 AM 10:30

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1989-2007

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5/12/1986

5. FEI Number

59-2722823

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.