

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L42705**

**009-29498**

1 Corporation Name

OPTIMA BUILDING INSPECTIONS, INC.

Principal Place of Business

1111 - 96 STREET  
SUITE 301  
BAY HARBOR FL 33154

Mailing Address

P O BOX 545979  
SURFSIDE FL 33154

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

**REINSTATEMENT 93-00**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4 Date Incorporated or Qualified To Do Business in Florida

City & State

City & State

5 FEI Number

**65-0126073**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BERNARDO COIFFMAN	1111-96 street #301	BAY HARBOR FL 33154
D	SARITA COIFFMAN	1111-96 street #301	BAY HARBOR FL 33514
			000003128580-2 -02/08/00--01134--029 ***1650.00 ***1650.00
			000003128580-2 -02/08/00--01134--028 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BERNARDO COIFFMAN  
1111 - 96 STREET #301  
BAY HARBOR FL 33154

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

**12/23/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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

Date

Daytime Phone #