

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 DEC 12 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

500025459655
12/12/03--01040--027 **150.00

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Otto Enterprises, Inc. (# P02000056725)			
2. Principal Office Address 311 Olde Post Rd Suite, Apt. #, etc.		3. Mailing Office Address 311 Olde Post Rd Suite, Apt. #, etc.	
City & State Niceville, FL		City & State Niceville, FL	
Zip 32578	Country USA	Zip 32578	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/21/2002	
5. FEI Number 06-1639050	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Craig T. Otto, Sr.			
Street Address (P.O. Box Number is Not Acceptable) 311 Olde Post Rd			
Suite, Apt. #, Etc.			
City Niceville		State FL	Zip Code 32578

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: *Craig T. Otto Sr.* Date: December 9, 2003

REGISTERED AGENT MUST SIGN

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
P/T	Craig T. Otto, Sr.	311 Olde Post Rd	Niceville, FL 32578
S	Elizabeth M. Otto	311 Olde Post Rd	Niceville, FL 32578

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 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: *Craig T. Otto Sr.* Craig T. Otto, Sr. 12/9/2003 (850) 897-9397

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

CR2E081 (10/02)

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December 9, 2003

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

Division of Corporations Staff:

Last week I spoke via telephone to one of your staff regarding instructions for reinstating my Corporation (Otto Enterprises, Inc. #P02000056725).

I explained to her that for some reason neither my registered agent (Mr. Bert Moore, attorney at 4677 E. Highway 20, Suite 1, Niceville, FL 32578) nor myself received a notice to submit the annual corporate UBR form. Perhaps that is no excuse for as owner of the corporation I am ultimately responsible.

All I can do is ask, for a one-time waiver of the late fee since this is my first experience as a small-veteran owned business.

Per your staff instructions I submit this letter and the attached reinstatement form along with \$150 fee, plus \$8.75 for certification status. If disapproved, please notify me of the penalty amount so I can be reinstated quickly.

Sincerely,

Craig T. Otto, Sr.
President
Otto Enterprises, Inc.

Enclosure: Corporate Reinstatement Form

Cc: Mr. Bert Moore, P.A.
1169 John Sims Pkwy
Niceville, FL 32578