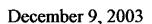
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE CORPORATION 03 DEC 12 AM 8: 40 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE DOCUMENT # 1. Corporation Name Otto Enterprises, Inc. (# P02000056725) REINSTATEMENT 03 **500025459655** 12/12/03-01040-027 **150.00 2. Principal Office Address 3. Mailing Office Address 311 Olde Post Rd 311 Olde Post Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 5/21/2002 To Do Business in Florida City & State City & State 5. FEI Number Applied For -Niceville,-FL-Niceville, FL-06-1639050 Not Applicable Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 🗹 32578 32578 USA USA for a Certificate of Status 7. Name and Address of Current Registered Agent Craig T. Otto, Sr. Street Address (P.O. Box Number is Not Acceptable) 311 Olde Post Rd Suite, Apt. #, Etc. Zip Code Niceville 32578 CR2E081 (10/02 n, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered agent of the above named Signature of December 9, 2003 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors Officer and/or Director Р/Т 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. 12/9/2003 (850) 897-9397 Craig T. Otto, Sr. **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date





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 Gorporation-(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 <u>one-time waiver of the late fee</u> 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