

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000020712

FILED  
Nov 28, 2012  
Secretary of State

Entity Name: OLAINFARM USA INC

**Current Principal Place of Business:**

451 SW SQUIRE JOHNS LN  
BLDG #2  
PALM CITY, FL 349907822 US

**New Principal Place of Business:**

**Current Mailing Address:**

451 SW SQUIRE JOHNS LN  
BLDG #2  
PALM CITY, FL 349907822 US

**New Mailing Address:**

FEI Number: 22-3629065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZELKIN, RIMMA  
451 SW SQUIRE JOHNS LN  
BLDG #2  
PALM CITY, FL 349907822 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RIMMA ZELKIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: ZELKIN, VLAD  
Address: 451 SW SQUIRE JOHNS LN  
City-St-Zip: PALM CITY, FL 349907822 US

Title: D  
Name: ZELKIN, RIMMA  
Address: 451 SW SQUIRE JOHNS LN  
City-St-Zip: PALM CITY, FL 349907822 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VLAD ZELKIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR.

11/28/2012

\_\_\_\_\_  
Date