

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 25 AM 8:52

DOCUMENT # P10000096325

1. Corporation Name

OPTIMUM ACQUISITION CORP.

REINSTATEMENT 11-12

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

132 JOAN CT

Suite, Apt. #, etc.

3. Mailing Office Address

132 JOAN CT

Suite, Apt. #, etc.

City & State

ELMONT, NY

City & State

ELMONT, NY

Zip

11003

Country

US

Zip

11003

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
27-4815549

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIE E. FRANCOIS

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

4951 BABCOCK STREET

Suite, Apt. #, Etc.

STE#3

City

PALM BAY

State

FL

Zip Code

32905

500236790585
06/25/12--01012--003 **\$900.00

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

6/11/12

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	MARIE FRANCOIS	132 JOAN CT	ELMONT, NY, 11003

10. E-mail Address: EEVY@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/12 5164067901
Date Daytime Phone #

JUN 25 2012