

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

OCT 31 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054604**

1. Corporation Name

OPPORTUNITY INVESTMENT SERVICES INC.

Principal Place of Business

Mailing Address

10801 S.E. 146 TERRACE RD.
OKLAWAHA FL 32179
US

P.O. BOX 2009
SILVER SPRINGS FL 34489



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

4. Date Incorporated or Qualified To Do Business in Florida

08/04/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3194583

Applied For

Not Applicable

City & State

City & State

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HAZIN, ALI	298 CHICAGO WOODS CIR	ORLANDO FL
VP	MATWYCHUK, DENIS	10801 S.E. 146 TERRACE RD.	OKLAWAHA FL 32179
			300004685533--1 -11/16/01--01060--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATWYCHUK, DENIS P
10801 S.E. 146 TERRACE RD.
OKLAWAHA FL 32179

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

Denis Matwychuk
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-01

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., 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:

Denis Matwychuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-01 / 352-895-7067

Date Daytime Phone #

CR26040 (801)