

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 8: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000040434**

1. Corporation Name
OCTAVIO J. OLIU, INC.

Principal Place of Business 10 MARABELLA AVE CORAL GABLES FL 33134	Mailing Address 10 MARABELLA AVE CORAL GABLES FL 33134
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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 05/19/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0588613	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$0.75/Additional Fee required for a Certificate of Status</small>	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	OLIU, OCTAVIO J	10 MARABELLA AVE	CORAL GABLES FL 33134
STD	OLIU, CARMEN S	10 MARABELLA AVE	CORAL GABLES FL 33134
			600002046356--2 -01/06/97--01011--018 ***375.00 ***375.00
			REINSTATEMENT <i>96 12/20/96</i>

8. Name and Address of Current Registered Agent OLIU, CARMEN S 10 MARABELLA AVE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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 *Carmen S. OlIU* **CARMEN S. OLIU** Date **12/6/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *OCTAVIO J. OLIU* **OCTAVIO J. OLIU** Date **12/6/96** Daytime Phone # **305 790-8127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP20240 (7/96)