

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P97000034488**

1. Corporation Name

OLYMPS DOOR USA, INC.

99 MAR -3 AM 8:46

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1907 ELMWOOD AVENUE
 TAMPA FL 33605

1907 ELMWOOD AVENUE
 TAMPA FL 33605



REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through them, indicate the correct information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/17/1997

5. FEI Number

59-3494315

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
PS	CENTOFANI, JOSEPH J III	1907 ELMWOOD AVENUE	TAMPA FL 33605
VTD	KOSUT, JOSEF	1907 ELMWOOD AVENUE	TAMPA FL 33605
D	KOSUTOVA, MARTA	1907 ELMWOOD AVENUE	TAMPA FL 33605
D	KAJAN, ROMAN	1907 ELMWOOD AVENUE	TAMPA FL 33605
D	STEFKO, IVAN	1907 ELMWOOD AVENUE	TAMPA FL 33605
D	GULYAS, PETR	1907 ELMWOOD AVENUE	TAMPA FL 33605

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Spiegel & Utrera, P.A.
 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave
 Suite, Apt. #, Etc. 100002801404

City Coral Gables

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

Joseph J. Centofanti III Attorney at Law
 REGISTERED AGENT MUST SIGN

Date 3/1/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

Joseph J. Centofanti III
 PRESIDENT

JOSEPH J. CENTOFANTI III

18 FEB 1999

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type or Print)

CR2E040 (9/98)