

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.

Principal Place of Business

1807 ELMWOOD AVENUE  
TAMPA FL 33605

Mailing Address

1807 ELMWOOD AVENUE  
TAMPA FL 33605

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

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  
03/10/97-01102-015  
\*\*\*\*750-FL 33134

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

*[Signature]* 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:

*[Signature]*  
PRESIDENT

JOSEPH J. CENTOFANTI III

18 FEB 1999

Date

Signature Print Name