PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 27 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 648609

1. Corporation Name

OLOCES REALTY, INC.

~~W06-53443~~

REINSTATEMENT 87-06

2. Principal Office Address	3. Mailing Office Address
120-12 28th Avenue	120-12 28th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Flushing, NY	City & State: Flushing, NY
Zip: 11354 Country: US	Zip: 11354 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/1979

5. FEI Number: ☑ 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: Interplex Sunbelt, Inc.

Street Address (P.O. Box Number is Not Acceptable): 6690 Hiatus Road

Suite, Apt. # Etc.:

City: Tamarac State: FL Zip Code: 33321

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: By: Robert Koppel
Robert Koppel, President REGISTERED AGENT MUST SIGN

Date: 10/6/06

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	Jack Seidler	120-12 28th Avenue	Flushing, NY 11354
VP	Steven Feinstein	120-12 28th Avenue	Flushing, NY 11354
T	Irving Klein	120-12 28th Avenue	Flushing, NY 11354
		800080870858 10/16/06--01029--008 **3155.25	
		800082944958 01/03/07--01007--021 **9.75	

10. 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 contained in Chapter 119, 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: _____ 10/3/06 718-961-6212 x114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell DEC 27 2006