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5/8/2015 8:57:53 AM From: To: 8506176384( 2/2 )

APPROVED AND FILED

15 MAY -8 AM 9:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
**Secretary of State**
DIVISION OF CORPORATIONS

CR2E081 (11/10)

**DOCUMENT #** 648609

1. Corporation Name

Olocco Realty, Inc.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 14-34 110th Street | | 14-34 110th Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| College Point, NY | | College Point, NY | |
| Zip | Country | Zip | Country |
| 11356 | USA | 11356 | USA |

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

5. FEI Number: 112530849 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert M. Koppel

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

Suite, Apt. #, etc.:

| City | State | Zip Code |
|---|---|---|
| Tamarac | FL | 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 617.0505, F.S.

Signature of Registered Agent: Robert Koppel — Date: 5/7/15

REGISTERED AGENT MUST SIGN

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 | 14-34 110th Street | College Point, NY 11356 |
| VP | Steven Feinstein | 14-34 110th Street | College Point, NY 11356 |
| T | Irving Klein | 14-34 110th Street | College Point, NY 11356 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: belinda.lin@amtek.com.sg
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Steven Feinstein — 4/30/2015 — (718) 961-6212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/1/2013 Wolters Kluwer CCH

Rc 5/8/15

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SECRETARY OF STATE TALLAHASSEE FLORIDA

# Florida Department of State
## Division of Corporations
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**CORPORATION REINSTATEMENT**
**OLOCES REALTY, INC.**

| | |
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