

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

AND FILED

1996 NOV - 1 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 333120

1. Corporation Name  
Oliver House Corporation

Mailing Address Principal Place of Business  
5333 Collins Avenue 5333 Collins Avenue  
Miami Beach, FL 33140 Miami Beach, FL 33140

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable  
11098 Biscayne Blvd

3. New Principal Office Address, If Applicable  
11098 Biscayne Blvd.

4. Date Incorporated or Qualified To Do Business in Florida  
July 29, 1968

Suite, Apt. #, etc.  
#402  
City & State  
Miami, FL

Suite, Apt. #, etc.  
#402  
City & State  
Miami, FL

5. FEI Number  
59-1232723

Zip  
33161

Country  
USA

Zip  
33161

Country  
USA

6. CERTIFICATE OF STATUS DESIRED  See 75 Addressing Instructions on Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
S/T/V/D	Reinglas, Sigmund	540 Beauharnois W. Suite 100	Montreal, Quebec Canada H2N1L2
P/D	Bedzow, Charles	11098 Biscayne Blvd., #402	Miami, FL 33161
V/D	Bedzow, Sara	11098 Biscayne Blvd., #402	Miami, FL 33161
			600002001176--7 -11/08/96--0118--011 ****383.75 ****383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

Stoneberg, Marvin E. C.P.A.  
5333 Collins Avenue  
Miami Beach, FL 33140

9. Name and Address of New Registered Agent

Name  
Michael Bedzow, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
20803 Biscayne Boulevard  
Suite, Apt. #, Etc.  
Suite 200  
City  
Aventura  
State  
FL  
Zip Code  
33180

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN MICHAEL BEDZOW

Date 10-29-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

CHARLES BEDZOW, President 10/31/96 305-935-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature/Typed Name)

CR2040 (6-94)