

2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 574262

1. Corporation Name

BRAD W. ARENZ OMO PA
3221 SO. CONWAY ROAD, STE B
ORLANDO, FL 32812

2. Principal Office Address

ABOVE

3. Mailing Office Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/1978

5. FEI Number

59-1831797

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

BRAD W. ARENZ

600005449676--9

Street Address (P.O. Box Number is Not Acceptable)

3221 SO. CONWAY ROAD, STE-B

-05/03/02-01049-003

***\$900.00 ***\$900.00

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

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

Date X 4-13-02

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
PRES	BRAD W. ARENZ	7612 DAEFWYLER ST	ORLANDO, FL 32812

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-13-02

Date

407-273-1469

Daytime Phone #

CR2E081 (9/01)