

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.

W06-53143

2. Principal Office Address

120-12 28th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

120-12 28th Avenue

Suite, Apt. #, etc.

City & State

Flushing, NY

City & State

Flushing, NY

Zip  
11354

Country  
US

Zip  
11354

Country  
US

**REINSTATEMENT 87-06**

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, President

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<br>Officers and/or Directors | Street Address of Each<br>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 |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

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10/16/06--01029--008 \*\*\$155.25  
300082944953  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/06 718-961  
62124114

B. Mitchell DEC 27 2006