

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 15 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 670606

1. Corporation Name

Frank Oliva Incorporated

100025069041  
12/24/03--01004--006 \*\*150.00

REINSTATEMENT 03

2. Principal Office Address

658 Douglas Ave.

3. Mailing Office Address

658 Douglas Ave

Suite, Apt. #, etc.

1112

Suite, Apt. #, etc.

1112

City & State

Altamonte Springs, Fla.

City & State

Altamonte Springs, Fl.

Zip

32714

Country

USA

Zip

32714

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5-19-1980

5. FEI Number

112474975

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

Oliva Frank M

100025069041

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

1270 Majestic Oak Dr.

11/26/03--01035--003 \*\*151.75

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

*[Signature]*

Date 12-12-03

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	Frank Oliva - M.	1270 Majestic Oak Dr.	Apopka - Fl. 32712
VP	Frank J. Oliva	1320 Classic Dr.	Longwood Fl. 32779
VP	John - L. - Oliva	2203 Palm View Dr.	Apopka Fl. 32712
S/T	Gina Marie Oliva Macon	194 S. Shadow Bay Blvd.	Longwood Fl. 32779

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-03

Date

407-331-6901

Daytime Phone #

CR2E081 (10/02)

21

FRANK □□□□

**oliva tile**

□□□ COMPANY

FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
409 EAST GAINES ST  
TALLAHASSEE, FL 32399

THE COMPANY FRANK OLIVA INC. HAS BEEN DESOLVED AS A CORPORATION IN SEPTEMBER 2003 , DUE TO THE FACT THAT WE DID NOT PAY THE RENEWAL FEE , BECAUSE WE NEVER RECEIVED THE RENEWAL STATEMENT , BECAUSE THE MAILING ADDRESS THAT YOU HAVE ON FILE IS INCORRECT . THIS IS THE CORRECT ADDRESS.

658 DOUGLAS AVENUE  
SUITE #1112  
ALTAMONTE SPRINGS , FL 32714

I HAVE ATTACHED THE COMPUTER PRINT OUT OF THE MAILING ADDRESS THAT THEY HAVE ON RECORD TO SHOW YOU THAT WE WOULD NOT OF RECEIVED THE RENEWAL STATEMENT TO PAY .

WE HAVE SENT WITH THIS LETTER THE \$150.00 RENEWAL FEE FOR THIS YEAR. IF YOU COULD PLEASE REINSTATE US AS QUICKLY AS POSSIBLE AND DROP THE XTRA FEES IT WOULD BE GREATLY APPRECIATE IT.

THANK YOU ,

-GINA MACON  
SECRETARY/TREASURER