

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 30 AM 10:29

ALLAHASSEE, FLORIDA

DOCUMENT # F00000001572

1. Corporation Name

OLVERA II, INC.

Principal Place of Business

Mailing Address

5037 HWY 90
MILTON FL 32571

3392 INDIAN HILLS DR.
MILTON FL 32571

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/2000

5. FEI Number

72-1406479

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	OLVERA, JOSE'	3392 INDIAN HILLS DRIVE	PACE FL 32571

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLVERA, JOSE'
3392 INDIAN HILLS DRIVE
PACE FL 32571

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Jose Olvera

REGISTERED AGENT MUST SIGN

Date

3/12/04

11. 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:

Jose Olvera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/04

Daytime Phone

CR2E040 (7/03)

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March 12, 2004

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Payroll
services

Re: Olvera II, Inc.
FEIN: 72-1406479

Precise
financial
statements

Gentlemen:

Retirement
planning

Enclosed, please find the Application for Reinstatement for the above corporation. The information for the corporation is correct, however, all documents for the corporation are prepared in my office located in Shreveport, LA.

Estate
planning

My office did not receive the initial UBR for completion and filing. I am asking that the reinstatement fee be reduced to the amount of \$150.00 (check enclosed). Your courteous understanding of this problem will be greatly appreciated.

Management
Consulting
for increased
profits

As of March 2002 the corporation no longer operates a restaurant business in the state of Florida. The property owned by the corporation is being leased to another restaurant operator. If this has any impact on the filing status of the corporation in your state I would appreciate any information you might provide. If it has no impact then we will continue to file the UBR as required.

Bookkeeping

Bookkeeping
and payroll
training

Always
available to
save you
money:

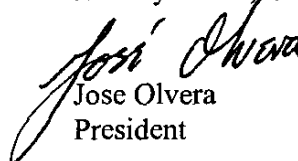
Thank you for your consideration to reduce the reinstatement fee.

Calls always
returned
promptly

Sincerely, I am


J. Larry Porter, CPA

Direct access
to CPA and
trained
professional
staff


Jose Olvera
President

Meetings at
your business