

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT -8 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F000000006079

1. Corporation Name

O/son Properties

2. Principal Office Address

10861 LA Salinas Circle

Suite, Apt. #, etc.

3. Mailing Office Address

10861 LA Salinas Circle

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip  
33428-1236

Country  
USA

City & State

BOCA RATON FL

Zip  
33428

Country  
USA

**REINSTATEMENT**

2001

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

65-0992757

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

Paul Olson

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

10861 LA Salinas Circle

Suite, Apt. #, Etc.

City

BOCA RATON

State  
FL

Zip Code

33428-1236

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

REGISTERED AGENT MUST SIGN

Date 10/2/01

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
PD ST	PAUL D. OLSON	10861 LA Salinas Circle	BOCA RATON, FL 33428
			LS

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:

Paul Olson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/01 561-213-0230

Date

Daytime Phone #

CR2001 (9/00)