

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000005158**

1. Corporation Name

OPW INC.

Principal Place of Business

C/O JAMES GREEN
5731 N.W. 56TH MANOR
CORAL SPRINGS FL 33067

Mailing Address

C/O JAMES GREEN
5731 N.W. 56TH MANOR
CORAL SPRINGS FL 33067

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2001

5. FEI Number

51-0412717

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
PVT	GREEN, JAMES	5731 N.W. 56TH MANOR	CORAL SPRINGS FL 33067
CD	GREEN, JAMES	5731 N.W. 56TH MANOR	CORAL SPRINGS FL 33067
S	HEIDLER-GREEN, LIZETTE	5731 N.W. 56TH MANOR	CORAL SPRINGS FL 33067

02 UBR 18

8. Name and Address of Current Registered Agent

GREEN, JAMES
5731 N.W. 56TH MANAOR
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

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

James T. Green
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

James T. Green
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

Page 2 of 2

OPW Inc.
5731 NW 56th Manor
Coral Springs, Fl. 33067

October 21, 2002

Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

Please waive the reinstatement fee. I did not receive the two UBR notices for OPW Inc for 2002. Please accept this letter and my reinstatement form along with my check for 150.00 to reinstate my company to full status within the state of Florida.

Sincerely,


James T Green
President