

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000001350

1. Corporation Name

George O'Leary Enterprises, Inc.

REINSTATEMENT 05-10

300171754463
03/10/10--01028--019 **1508.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
4000 Central Florida Blvd

Suite, Apt. #, etc.

Building 77

City & State

Orlando, FL

Zip

32816

Country

US

3. Mailing Office Address

P.O. Box 163555

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32816

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 3/01/04

5. FEI Number
58-2174945

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

George J. O'Leary

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

4000 Central Florida Blvd

Suite, Apt. #, Etc.

Building 77

City

Orlando

State

FL

Zip Code

34816

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
CP	O'Leary, George J.	2413 Northampton Ave	Orlando, FL 32828
VCV	O'Leary, Sharon	2413 Northampton Ave	Orlando, FL 32828

10. E-mail Address: NCARRIS@GLCCPA.COM

(To be used for future annual report notification)

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. I further certify 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:

George J. O'Leary

George J. O'Leary, President

Date

3/5/10

Daytime Phone #

407-923-0961