PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC 13 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F10000000418

1. Corporation Name

OMNI ELEVATOR CO., INC.

200254451542
12/05/13--01023--009 **1058.75
CR2E091 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3722 ASHLEY WAY	3722 ASHLEY WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OWINGS MILLS, MD	City & State: OWINGS MILLS, MD
Zip: 21117 Country: US	Zip: 21117 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 01/20/2010

5. FEI Number: 52-1759294 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BESS, MARGARET
Street Address (P.O. Box Number is Not Acceptable): 4751 NW 21ST STREET
Suite, Apt. #, Etc.: CASTLE GARDENS BLDG 12 #400
City: LAUDERHILL State: FL Zip Code: 33313

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: Margaret B. Bess — REGISTERED AGENT MUST SIGN — Date: 12/04/13

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
CPVS	BESS, MARGARET	3722 ASHLEY WAY	OWINGS MILLS, MD 21117
T	BESS, MARGARET	3722 ASHLEY WAY	OWINGS MILLS, MD 21117
VC	BESS, HERLEN	3722 ASHLEY WAY	OWINGS MILLS, MD 21117

10. **E-mail Address:** herlbe@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Margaret B. Bess — 12/04/2013 — 410-363-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #