PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR:
REINSTATEMEN



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

OL	JTC	0	OR	AD\	<b>VER1</b>	<b>FISING</b>	inc.
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1625 W. MARION AVE.

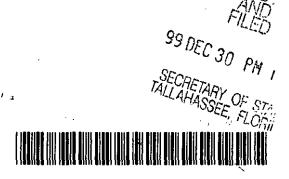
STF 6

PUNTA GORDA FL 33950

Principal Place of Business

Mailing Address

P O BOX 511249 PUNTA GORDA FL 33951



US ,					
If above addres	ses are incorrect in any way, line t	hrough incorrect info	rmation and enter correction below.		•
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida	_04/08/1982
Suite, Apt. #, etc.		Suite, Apt. #, et	tc.		
				5. FEI Number	Applied For
City & State		City & State		59-2231756	Not Applied
				6.	
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED	
7. Names and S	treet Addresses of Each Officer ar	nd/or Director (Floric	la nonprofit corporations must list at	t least 3 directors)	

7. Names	and Street Addresses of Each Officer and/or Dire	ctor (Florida nonpront corporations must list at least 5 direc	
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director	City / State / Zip
P	MCQUEEN, ROBERT N	2330 SHORE DR	PUNTA GORDA FL
ST	MCQUEEN, PAULA F	2330 SHORE DR	PUNTA GORDA FL
			3000030954637 -01/12/00-01012013
			***** (38) (5) **** (38. (5)
		TAT	EMEIA.

8. Name and Address of Current Registered Agent -

MCQUEEN, ROBERT N 1625 W. MARION AVE. STE 6 **PUNTA GORDA FL 33950** 

State | Zip Code

registered agent of the above named corporation, am familiar with and accept the obligations 10. I, being appointed the

Signature of Registered Agent

.9. Name and Address of New Registered Agent

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