

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

page 1 of 2

APPLICATION  
FOR

FLORIDA DEPARTMENT OF STATE  
Sandra Morris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 APR 14 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

OPB INC

J28641

Principal Place of Business

Mailing Address

439 NE 9 AVE

SAME

GAINESVILLE, FL 32601

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2717163

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Elizabeth R. Forsman	439 NE 9 AVE	GAINESVILLE, FL 32601
V.P.	MARION E. FORDMAN	439 NE 9 AVE	GAINESVILLE, FL 32601
Sec.	JENNIFER TRACASH	2715 SW 8 DR	GAINESVILLE, FL 32608

000002143400--E  
-04/15/97--01042+013  
\*\*\*\*\*565.00 \*\*\*\*\*565.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Elizabeth R. FORDMAN  
439 NE 9 AVE  
GAINESVILLE, FL 32601

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
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.

Signature of  
Registered Agent

Elizabeth R. Forsman

REGISTERED AGENT MUST SIGN

Date

4/11/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Elizabeth R. Forsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

Date

352 372 7974

Daytime Phone #

CR2040 (12/96)