

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 21 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200151448332  
04/21/09--01010--018 \*\*\*416.25  
CR2E041 (10/08)

DOCUMENT # L02000014531

1. Limited Liability Company's Name

Olympic Investments Group, LLC

07

2. Principal Office Address - No P.O. Box #

70 Willowood Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Zip

34677

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

6/7/2002

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Patsalides, Ana

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

70 Willowood Lane

Suite, Apt. #, Etc.

City

Oldsmar,

State

FL

Zip Code

34677

☒ A \$100 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 \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Ana T. Patsalides

REGISTERED AGENT MUST SIGN

Date 4-16-09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM/ P	Patsalides, Ana	70 Willowood Lane	Oldsmar, FL 34677
MGRM/ S	Patsalides, Harry	70 Willowood Lane	Oldsmar, FL 34677

REINSTATEMENT

2007-2009 Without Penalty

up 4/23/09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Ana T. Patsalides

Date 4-16-09

Daytime Phone # 727-410-1691

Typed or printed name of signing Managing Member/Manager

Ana T. Patsalides