

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 46533

1. Corporation Name

O + A ENTERPRISES, INC.

200011411242
01/30/03--01036--009 **1650.00

2. Principal Office Address

P.O. Box 3324
FT. PIERCE, FL 34948

3. Mailing Office Address

P.O. Box 3324
FT. PIERCE, FL 34948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1990

5. FEI Number

65-0170508

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

FRAN OWEN

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

6360 OLEANDER BLVD

Suite, Apt. #, Etc.

City

FT. PIERCE

State

FL

Zip Code

34982

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

FRAN OWEN

REGISTERED AGENT MUST SIGN

Date 1-28-03

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
P	FRAN OWEN	6360 OLEANDER AVE.	FT. PIERCE, FL 34982
T	L.B. OWEN	6360 OLEANDER AVE	FT. PIERCE, FL 34982

10. 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: FRAN OWEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03

Date

772-468-4919

Daytime Phone #

CP2E081 (10/02)