

182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 29 PM 4:17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000000642

1. Corporation Name

O.C. 26th Street

2. Principal Office Address

733-B NE 16th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

733-B NE 16th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

52-2262881

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

William Adkins

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

733-B NE 16th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33304

100027893361

01/29/04--01064--007 **150.00

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

William J. Adkins

Date 1/13/04

REGISTERED AGENT MUST SIGN

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
Mgr	William Adkins	733-B NE 16th Avenue	Ft. Lauderdale, FL 33304
Mgr	Christopher Place	733-B NE 16th Avenue	Ft. Lauderdale, FL 33304

REINSTATEMENT

03/04

dec

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:

William J. Adkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Date

Daytime Phone #

CR2E081 (10/02)

2022

MADISON C.P.A., P.A.

Certified Public Accountant

Post Office Box 11012
Fort Lauderdale, FL 33339

2701 East Oakland Park Boulevard, Suite C
Fort Lauderdale, FL 33306
Phone (954) 561-8959
Fax (954) 561-8190

January 12, 2004

Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Re: OC 26th Street LLC
52-2262881

This letter is in reference to the above named taxpayer and the administrative dissolution of the corporation for nonfiling of annual uniform business report. The taxpayer never received the report or any requests for the report. We are enclosing a check in the amount of \$ 150.00 along with an annual report for 2002. We respectfully request that you reinstate the corporation and accept the filing of the annual report for 2003 without penalty.

If you have any questions, please call.

Thank you,



Thomas M. Madison, Jr.
CPA, PA

Enc: POA