## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

13 JUL 10 AM 8: 26

DOCUMENT #

M70367

1. Corporation Name

## Oliwaert & Son

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address   10731 Tonapa Loop   Suite, Apt. #, etc.    2. Mailing Office Address   10731 Tonapa Loop   CR2E081 (11/10)   4. Date Incorporated or Qualified   To Do Business in Florida						
Date Incorporated or Qualified     To Do Business in Florida						
City & State City & State 7/12/2005						
Port Richey, FL Port Richey, FL 59-2879600	Applied For Not Applicable					
Country 2ip Country 6. CERTIFICATE OF STATUS DESIRED \$8.75	Additional Fee required r a Certificate of Status					
7. Name and Address of Current Registered Agent						
David Louwaert  Street Address (P.O. Box Number is Not Acceptable)  1002492225	100249222531 07/10/1301038003 **167.50					
100249225 Suite, Apt. #, Etc. 100249225 06/25/1301024013	531					
Port Richey   State   Zip Code						
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 Date 6/21/2013  REGISTERED AGENT MUST SIGN						
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / C	City / State / Zip					
P Richard Louwaert 29141 Heritage Lane Paw Paw, M	Paw Paw, MI 49079					
S David Louwaert 10731 Tonapa Loop Port Richey, F	Port Richey, FL 34668					
REINSTATEMENT JUL 1 0 2013						
R. HUNT						
10. E-mail Address; klouwaert@vertzon.net						

(To be used for future annual report notification)

IG			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/2013 Date

727-534-1628

Daydine Phone #

<sup>11.</sup> 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 filling 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am awaye that false information submitted in a document to the Department of State constitutes a third degree (elony as provided for in s.817.155, F.S.