

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 10 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

M74913

1. Corporation Name

OLM PROPERTIES INC.

Principal Place of Business

Mailing Address

2754 GABLES DR.  
EUSTIS, FL 32726

P.O. Box 1637  
MT. DORA FL.  
32756

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

2. New Principal Office Address, If Applicable

2754 GABLES DR.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1637  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

4/1/88

5. FEI Number

59-2893405

Applied For

Not Applicable

City & State

EUSTIS FLA.

City & State

MT. DORA FLA.

Zip

32726

Country

LAKE

Zip

32756

Country

LAKE

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	SHARON A NICKELL-OLM	2754 GABLES DR	EUSTIS FLA 32726

600003099996--9  
-01/15/00--01001--024  
\*\*\*1058.75 \*\*\*1058.75

8. Name and Address of Current Registered Agent

SHARON A. NICKELL-OLM  
2754 GABLES DR.  
EUSTIS FL. 32726

9. Name and Address of New Registered Agent

Name

SHARON A. NICKELL-OLM

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

2754 GABLES DR.

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32726

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

Sharon Nickell-Olm

REGISTERED AGENT MUST SIGN

Date

12/9/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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

Sharon Nickell-Olm SHARON A. NICKELL-OLM 12/9/99 (352) 785-4698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (12/98)