

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # **m97481**

1 Corporation Name

OMM Associates, Inc.

99 NOV 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
c/o Konover & Associates South, Inc.
7000 West Palmetto Park Road
Ste. #408
Boca Raton, FL 33433

Mailing Address
c/o Konover & Associates South, Inc.
7000 West Palmetto Park Road
Ste. #408
Boca Raton, FL 33433

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

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida 9/7/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number 13-3486179	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/P/D	Konover, Simon	342 North Main Street Ste. #200	West Hartford, CT 06107
V/S	Ashenfelter, Maria	7000 West Palmetto Park Road Ste. #408	Boca Raton, Florida 33433
A/S	Silvay, Sandra, G.	342 North Main Street Ste. #200	West Hartford, CT 06107
T	Coppa, Jane, K.	7000 West Palmetto Park Road Ste. #408	Boca Raton, Florida 33433

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

Corporation: Service Company
1201 Hays Street
Tallahassee, Florida 32301-2525

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 **Deborah D. Skipper**
REGISTERED AGENT MUST SIGN **as its agent**

Date **11-17-99**

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: **Maria S. Ashenfelter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Maria Ashenfelter, V/S**

407-844-3600
Daytime Phone #

CR2E061 (12/99)