

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000001623**

1. Corporation Name

**THE OLIVE BRANCH, INC.**

Principal Place of Business

Mailing Address

745 WOODS AVENUE  
ORLANDO FL 32805

745 WOODS AVENUE  
ORLANDO FL 32805

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/2001

5. FEI Number

-59-3708878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WAUGH, UGLEA R REV <i>WAUGH, Uylee R. Rev</i>	381 DOWA SARDS CIRCLE WET <i>381 IOWA WOODS Cr. W</i>	ORLANDO FL 32824
D	DAVIS, LARONE	2632 ROBERT TRENT JONES DRIVE	ORLANDO FL 32835
D	HARGROVE, SYLVIA	820 BETHUNE DRIVE	ORLANDO FL 32805
MGRM	MATTHEWS-PRYER, ROSA <i>Pryer,</i>	1633 MESSINA AVENUE	ORLANDO FL 32839
			900023768059 10/13/03--01100--023 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAUGH, UYLEE R  
381 IOWA WOODS CIRCLE, WEST  
ORLANDO FL 32824

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Uylee R. Waugh*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-10-03

11. 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)(l), 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:

*Uylee R. Waugh*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
10-10-03

Daytime Phone #  
407-425-7303

CR2E040 (7/03)