PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # N 02 00000000000000000000000000000000		RPORATION STATEMENT		S	ecretary	MENT OF STA of State RPORATIONS	ATE		10 JAN -4	ED PM 5: 41	
2. Principal Office Address - No P.O. Box # 100 Same Same Suite, Apt #, etc. 3. Mailing Office Address Same Suite, Apt #, etc. 4. Date incorporated or Qualified 1/1 2/1 2000 To Debugger For 32-1045403 To Debugger For 1045540 To Debu	DOCUMENT # NODOOOOOOOQUY 1. Corporation Name OLLI CREM Minds OLLI ROCH							ALLAHASSEE, FLORIDA			
REINSRESS (And B) South April 8, etc. Suite, Apl. 8, etc. Suite, Apl. 8, etc. City & State Suite, Apl. 8, etc. A. Date incorporated or Coalities Suite Florida (1) 2/ 2006 Suite Applicable of Do Business in Florida Suite Florida (1) 2/ 2006 Suite Apl. 8, etc. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waited. State Apl. 8, Etc. City Code FL 2200 8. 1, being appointed the registeryd agent of the above named operation, am familiar with and accept the obligations of section 607,0505 or 817,0503, F.S. Signature of Registered Agent Regi	Academy, Inc.										
City & State State	7410 3	Sharbeth	0. Box#	same			REINSTATEMENT				
7. Name and Address of Current Registered Agent Name Chandra Oliver Street Address (PC, Bax Number is Not Acceptable) Suite, Apt. #, Etc. City Suite, Apt. #, Etc. Size I Zip Code FL 3200 Date 12/128/09 Date 12/128/09 Date 12/128/09 Date 12/128/09 City / State / Zip City /	Jackson Ne Fl 32210			,		Country		5. FEI Number 33-1045488 S8.75 Additional Fee required			
Name Chandra Oliver Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #. Etc. State Sta								5211111151112		for a Certificate of Status	
8. I, being appointed the registered agent of the above named coveration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 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 Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Per Chandra Onver 7410 Sharberthar Story Fl 32200 PM Cendoria televian 7410 Sharberthar Story Fl 32200 BM Shantell McQueen 5749 Rover Drive Jay Fl 32200 Add Lamon's Moore 24400 HAzgerald Story Fl 32264 10. E-mail Address: Cathier and or fire control the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, E.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. I further certify, the information for this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:	Chandra Oliver Street Address (P.O. Box Number is Not Acceptable) 7410 Sharbeth Or. S. Suite, Apt. #, Etc.						circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement				
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Pres. Chandra Onver 7410 Sharbeth Dr. Son, F. 32210 RM Cerdoria Felexon 7410 Sharbeth Dr. Son, F. 32210 RM Shartell McQueen 5749 Rover Drive Day, F. 32210 Acl Lamon's Moore 2440 FAzgendol St. Son, F. 32654 10. E-mail Address: Capiver and or discount of 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. I further certify, the information of this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: A ANALIA	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										
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