

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **N19073**

1. Corporation Name

**OPTIPLAN, INC.**

98 NOV 19 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2424 N FEDERAL HIGHWAY  
~~SUITE 362~~  
BOCA RATON FL 33431  
US

2424 N FEDERAL HIGHWAY  
~~SUITE 362~~  
BOCA RATON FL 33431  
US

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 405**

Suite, Apt. #, etc.  
**SUITE 405**

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/1987

5. FEI Number

65-0002042

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	COOK, JAMES M.D.	2424 N FEDERAL HWY STE 362	BOCA RATON FL
DP	MOLIMARO, PETER J.	2424 N FEDERAL HWY STE 362	BOCA RATON FL
DST	DAWRON, RICHARD T.	2424 N FEDERAL HWY STE 362	BOCA RATON FL
D	KOEPNIK, LANCE	6500 NW 15TH AVE	FT. LAUD FL
V	BROWN, DAVID	2424 N FEDERAL HWY STE 362	BOCA RATON FL
			400002695214--9 -11/24/98--01040--009 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DILLON, KATHRYN  
2424 N FEDERAL HIGHWAY  
~~SUITE 362~~  
BOCA RATON FL 33431

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

*Kathryn Dillon*

REGISTERED AGENT MUST SIGN

Date

11-13-98

11. This corporation owes or has paid 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.

*JR Dawson Jr*

SIGNATURE:

*JR Dawson Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/98

Daytime Phone #