

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N95000003171

1. Corporation Name

OPPORTUNITIES, INC.

FILED

96 SEP 23 AM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1110 BRICKELL AVENUE STE 407
MIAMI FL 33131**

**1110 BRICKELL AVENUE STE 407
MIAMI FL 33131**



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

06/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0613182

Not Applicable

Zip

Country

Zip

Country

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)

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
PTSD	Harris J. Heyman	5830 SW 57th Ave #204	Miami, FL 33143
D	Amy Nisen	4199 Ellensburg Drive	Dallas, TX 75244
D	Fern Walker	873 Garrison Avenue	Teaneck, NJ 07666

600001970876

10/10/96-01077-004

*******61.25 *****61.25**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HEYMAN, HARRIS J ESQ.
1110 BRICKELL AVENUE STE 407
MIAMI FL 33131**

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

REGISTERED AGENT MUST SIGN

Date **10-19-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-96
Date

305-377-3700
Daytime Phone #

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LAW OFFICES
HARRIS J. HEYMAN
1110 BRICKELL AVENUE • SUITE 407
MIAMI, FLORIDA 33131
TELEPHONE (305) 377-3700
FAX (305) 371-2835

September 19, 1996

Secretary of State
Division of Corporations
Annual Report/Reinstatements
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Annual Report; Opportunities, Inc.; N95000003171

Please be advised that, to date, the undersigned has received no Annual Report reporting forms, no Notice of Annual Report, nor Second Notices of delinquency of same.

Herewith attached is our check for the \$61.25 Annual Filing Fee.

Respectfully,


Harris J. Heyman, Esq.

HH/n