

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1242

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 16 AM 10:58

DOCUMENT # **P00000056989**

1. Corporation Name

**OAFERS, INC.**

200  
43R

Principal Place of Business

5903 TRIPHAMMER ROAD  
LAKE WORTH FL 33463

Mailing Address

5903 TRIPHAMMER ROAD  
LAKE WORTH FL 33463



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

06/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEL Number

651016387

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MATHEWS, JOHN	5903 TRIPHAMMER ROAD	LAKE WORTH FL 33463

300004706333-1  
-12/05/01--01063--018  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATHEWS, JOHN  
5903 TRIPHAMMER ROAD  
LAKE WORTH FL 33463

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

Nov 15, 2001

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 15, 2001 561 768/614

Daytime Phone #

CP2E040 (8/01)

2 of 2

To whom it may concern:

My name is John Mathews, president of OAFERS INC. I recently received a letter telling me my corporation has been dissolved. This is the first notice I received. I ask of you to reinstate my corporation. Enclosed is a check for \$150 for cost.

Thank You

John Mathews, President OAFERS INC