

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079555

1. Corporation Name

Olimpia Entertainment, Inc.

2. Principal Office Address

16733 SW 36 St

Suite, Apt. #, etc.

City & State

MIRAMAR, Florida

Zip

33027

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8-22-2000

5. FEI Number

65-1132195

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Miguel Chacon

Street Address (P.O. Box Number is Not Acceptable)

16733 SW 36 St

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

RECEIVED AUG 30 2005

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

M. Chacon
REGISTERED AGENT MUST SIGN

Date 8-25-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/v/d	Miguel Chacon	16733 SW 36 St	MIRAMAR, FL 33027

10. 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:

M. Chacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-05 (305) 469-2994

Date

Daytime Phone #

2/2



Date: August 15, 2005

To: Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314
C/o Michelle Milligan

From: Olimpia Entertainment, Inc.
16733 S.W. 36 Street
Miramar, Florida 33027
FI# 65-1132195
Registered Agent: Miguel Chacon

Re: Corporate Reinstatement, Change of Address
& New Registered Agent

Hello Mrs Milligan:

Thank you for your quick response and for your consideration to waive the reinstatement fee. Attached you will find a copy of your requested letter along with the completed reinstatement application.

Since we open Olimpia Entertainment, Inc. we moved to new address and never got renewal notices. Enclosed please find \$150.00 for the years: 2001, 2002, 2003, 2004 & 2005, a total of \$750.00. We were unaware of the situation. We also changed the name of the registered agent, the new name is Miguel Chacon.

Thank You

Miguel Chacon
President.