

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 18 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **700000081573**

1. Corporation Name **FIRST OAKMONT ENTERPRISES, INC.**

000008421460--0
-10/17/02--01035--007
****900.00 ****900.00

2. Principal Office Address

25 HOMESTEAD ROAD

Suite, Apt. #, etc.

#23

City & State

LEHIGH, FL

Zip

33936

Country

USA.

3. Mailing Office Address

25 HOMESTEAD ROAD

Suite, Apt. #, etc.

#23

City & State

LEHIGH, FL

Zip

33936

Country

USA.

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

8-24-2000

5. FEI Number

05-0857329.

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

MICHAEL BUKOWSKI

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

25 HOMESTEAD Rd. #

Suite, Apt. #, Etc.

#23

City

LEHIGH,

State

FL

Zip Code

33936.

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

REGISTERED AGENT MUST SIGN

Date

10 / 15 / 2002

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
D	MICHAEL BUKOWSKI	25 HOMESTEAD ROAD #23	LEHIGH, FL - 33936.
S	"	"	"
T	"	"	"
VP	"	"	"
P	"	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-2002

Date

239-303-120

Daytime Phone #

Michael Bukowski

CR2E081 (9/01)