

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000104577**

1. Corporation Name

**OLIVA'S CORP**

Principal Place of Business

2406 CENTER GATE DRIVE  
#202  
MIRAMAR FL 33025

Mailing Address

2406 CENTER GATE DRIVE  
#202  
MIRAMAR FL 33025



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**2285 SW 131 AVE**

Suite, Apt. #, etc.

City & State  
**MIRAMAR + FLORIDA**

Zip  
**33027**

Country  
**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/08/2000**

5. FEI Number

**65-1052683**

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 3	City / State / Zip 4
PV	OLIVA, LEANA M	2406 CENTER GATE DRIVE, #202	MIRAMAR FL 33025

800025562908  
12/17/03 01065-013 \*\*150.00

8. Name and Address of Current Registered Agent

OLIVA, EDUARDO M  
2406 CENTER GATE DRIVE  
#202  
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Eduardo Oliva*

Date

**12/14/03**

REGISTERED AGENT MUST SIGN

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:

*Leana Oliva*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-14-03**

Daytime Phone #

**954-443-5074**

OLIVA'S CORP  
2285 SW 131<sup>st</sup> Ave.  
Miramar, Fl 33027

December 15<sup>th</sup>, 2003

Ref. Document # P00000104577  
FEI # 65-1052683

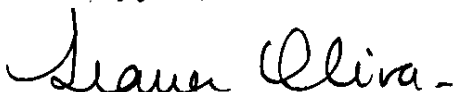
To Whom It May Concern:

This is to notify you that we did not received the two prior uniform business report notices (UBR). We recently relocated from 2406 Centergate Drive Apt.#202 Miramar, Fl 33025 to 2285 SW 131<sup>st</sup> Ave. Miramar, Fl 33027, perhaps that was the reason why we did not received it.

Please make the appropriate changes to your records, enclose you will find the Application for reinstatement with the current changes and also the fee of \$150.00 we are being charged.

If you have any questions or concerns, please feel free to call me at: 954-443-5074 or you can contact our Registered Agent, Mr. Eduardo Oliva at 786-586-1731.

Sincerely yours,



Leana Oliva  
President Oliva's Corp.