

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106391

1. Corporation Name

OSCEOLA FINANCIAL SERVICES CORPORATION

2. Principal Office Address

2758 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33311

Country

3. Mailing Office Address

P O BOX 33507

Suite, Apt. #, etc.

City & State

PBG, FL

Zip

33420

Country

4. Date Incorporated or Qualified

To Do Business in Florida 11/20/2000

5. FEI Number

45-0520456

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

J. JEROME JEANTY

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

2758 W. OAKLAND PARK BLVD

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33311

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

Date

2-2-04

REGISTERED AGENT MUST SIGN

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	SHARLENE CASTELLA	P O BOX 33507	PBG, FL 33420
C	J. JEROME JEANTY	P O BOX 33507	PBG, FL 33420

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

J. Jerome Jeanty 2-2-04

Date

Daytime Phone #

CR2E081 (01/04)

February 2, 2004

Mr. Shawn Toner
FLORIDA DEPARTMENT OF STATE
Secretary Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**REINSTATEMENT OF:
OSCEOLA FINANCIAL SERVICES CORPORATION**

Dear Mr. Toner:

Per your offices request we are writing to inform you and the Division of Corporations that we did not respond to your request in reference to the Registered Agent because we never received such correspondence from your offices.

We would also like to request that your office waive the reinstatement fee. We have enclosed the reinstatement form and the annual report fee for the year 2004.

Should your office require any additional information please do not hesitate to contact us at the address and phone number on this letter.
Thanking you for your anticipated cooperation.

Sincerely,



Sharlene Castella

Return Receipt for Merchandise

Return Receipt for Merchandise service is a form of Return Receipt service that provides the sender with a mailing receipt and a return receipt. A delivery record is kept by the Postal Service for two years. **THIS SERVICE DOES NOT INCLUDE INSURANCE COVERAGE.**

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- Priority Mail
- Parcel Post, Bound Printed Matter, Special Standard Mail, and Library Mail

REF. PROBOY DEL CARIBE
IF YOU NEED ANY INFORMATION
CALL OR FAX

CARLOS VELASQUEZ

TEL. 305-2262248

FAX 305-2079092