

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV 21 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 701000060812  
1. Corporation Name  
Olympiad Corporation

2. Principal Office Address - No P.O. Box #  
6500B Lakewood Dr  
Suite, Apt. #, etc.  
City & State  
Ocala, FL  
Zip  
34472 Country  
USA

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip Country

**REINSTATEMENT** 02-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida  
6-18-01

5. FEI Number  
26-1439803 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  
David M. Jackson  
Street Address (P.O. Box Number is Not Acceptable)  
6500 B Lakewood Dr.  
Suite, Apt. #, Etc.  
City  
OCALA State  
FL Zip Code  
34472

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 David Jackson Date 11-20-07  
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
Pres	David M. Jackson	6500B Lakewood Drive	Ocala FL, 34472

700112511577  
11/21/07--01044--011 \*\*900.00

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 contained in Chapter 119, 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: David Jackson Date 11-20-07 (352-)6940818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #