

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

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

|   |                       |  |         |
|---|-----------------------|--|---------|
| 2. Principal Office Address - No P.O. Box #<br><u>6500B Lakewood Dr</u> |                       | 3. Mailing Office Address<br><u>SAME</u> |         |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.                      |         |
| City & State<br><u>Ocala FL</u>   |                       | City & State                             |         |
| Zip<br><u>34472</u>   | Country<br><u>USA</u> | Zip                                      | Country |

|  |                |
|--|----------------|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><u>6-18-01</u>  | Applied For    |
| 5. FEI Number<br><u>26-1439803</u>   | Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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     |
|-------------|-----------------------------------|--|------------------------|
| <u>Pres</u> | <u>David M. Jackson</u>           | <u>6500B Lakewood Drive</u>                    | <u>Ocala FL, 34472</u> |
|             |                                   |  |                        |
|             |                                   |  |                        |
|             |                                   |  |                        |
|             |                                   |  |                        |

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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 #