

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 NOV 13 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085503

1. Corporation Name

OMER CORPORATION

Principal Place of Business

700 HUPA COURT
LAKE MARY FL 32746

Mailing Address

700 HUPA COURT
LAKE MARY FL 32746

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
2529 Cross Country Dr.
City & State
Port Orange, FL
Zip
32128
Country
FL USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2529 Cross Country Dr.
City & State
Port Orange, FL
Zip
32128
Country
USA

REINSTATEMENT 03



700024643977
11/13/03--01058--021 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2001

5. FEI Number

59-3741442

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
D	MERLINO, RICHARD	700 HUPA COURT	LAKE MARY FL 32746
D	MERLINO, ANNA	700 HUPA COURT	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

MCCAULEY, ISABEL
989 RADFORD ROAD
DELTONA FL 32738

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

Richard Merlino
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/10/03

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:

Richard Merlino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03 386 761-9442
Date Daytime Phone #

CR2E040 (7/03)