PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 26, 2003 8:
Secretary of Sta

DOCUMENT # P01000099275

1. Corporation Name
OLIVER'S CUSTOM R/C INC.

AUG 26

REINSTATEMENT 0203

2. Principal Office Address	3. Mailing Office Address
3175 S CONGRESS AVE	3617 RUSKIN AVE
Suite, Apt. #, etc.: SUITE #103	Suite, Apt. #, etc.:
City & State: LAKE WORTH FLORIDA	City & State: BOYNTON BEACH
Zip: 33461 County: PALM BEACH	Zip: 33436 County: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/2001

5. FEI Number: APPLIED FOR ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: OLIVER RASTAEDT

Street Address (P.O. Box Number is Not Acceptable): 3617 RUSKIN AVE

000026530160
08/28/03--01003--018 **800.00

Suite, Apt. #, Etc.:

City: BOYNTON BEACH State: FL Zip Code: 33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: X _____ Date: 08/19/03

REGISTERED AGENT MUST SIGN

CR2E031 (1/00)

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
CEO	OLIVER RASTAEDT	3617 RUSKIN AVE	BOYNTON BEACH, FLA 33436

8/26

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: X _____ OLIVER RASTAEDT 08/19/03 561-965-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
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Attached For original Signature Only.

DOCUMENT # P01000099275

1. Corporation Name

OLIVER'S CUSTOM R/C INC.

2. Principal Office Address	**3.** Mailing Office Address
3175 S CONGRESS AVE	3617 RUSKIN AVE
Suite, Apt. #, etc.: SUITE #103	Suite, Apt. #, etc.:
City & State: LAKE WORTH FLORIDA	City & State: BOYNTON BEACH
Zip: 33461 Country: PALM BEACH	Zip: 33436 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/2001

5. FEI Number: APPLIED FOR ☑ 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: OLIVER RASTAEDT

Street Address (P.O. Box Number is Not Acceptable): 3617 RUSKIN AVE

Suite, Apt. #, Etc.:

City: BOYNTON BEACH State: FL Zip Code: 33436

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: X _____ Date: 08/19/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
CEO	OLIVER RASTAEDT	3617 RUSKIN AVE	BOYNTON BEACH, FLA 33436

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