

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Aug 26, 2003 8:
Secretary of Sta

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REINSTATEMENT 0203

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000099275

1. Corporation Name

OLIVER'S CUSTOM R/C INC.

2. Principal Office Address

3175 S CONGRESS AVE

3. Mailing Office Address

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

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

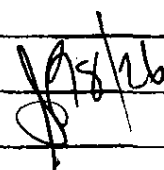


Date **08/19/03**

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
CEO	OLIVER RASTAEDT	3617 RUSKIN AVE	BOYNTON BEACH, FLA 33436



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)(f), 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:



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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\$8.75 Additional Fee required
for a Certificate of Status

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Date

Daytime Phone #

Attached For
original Signature
Only.

CR20081 (10/02)