

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112120

1. Corporation Name

OMEGA ADVANTAGE, INC.

Principal Place of Business

1427 NE BRITAIN DRIVE
BRANDON FL 33511

Mailing Address

1427 NE BRITAIN DRIVE
BRANDON FL 33511



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

2. New Principal Office Address, If Applicable

1427 NEW BRITAIN DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1427 NEW BRITAIN DR

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2001

5. FEI Number

59-3757425

Applied For

Not Applicable

City & State

BRANDON FL

City & State

BRANDON FL

Zip

33511

Country

USA

Zip

33511

Country

USA

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
PSD	GENTRI, DONNA M	1427 NE BRITAIN DRIVE NEW	BRANDON FL 33511
VTD	GENTRI, JOHN L	1427 NE BRITAIN DRIVE NEW	BRANDON FL 33511

000009676530
12/24/02--01060--001 **750.00
000009676530
03/25/03--01070--003 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH-FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Michael McCord

Street Address (P.O. Box Number is Not Acceptable)

1427 NEW BRITAIN DR

Suite, Apt. #, Etc.

E

City

BRANDON

State

FL

Zip Code

33511

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/20/02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/02

Daytime Phone #

(813) 654-6471

CR2040 (8/02)