

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 24 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014132

1. Corporation Name

OLOFIN INC.

2. Principal Office Address

13384 SW 46 TERR

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33175

Country

USA

3. Mailing Office Address

13384 SW 46 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/05/2002

5. FEI Number
01-0678611

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

500030909615
03/23/04--01043--003 **300.00

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

YENNIER CAPOTE

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

13384 SW 46 TERR

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33175

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

REGISTERED AGENT MUST SIGN

Date 02/23/2004

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 |
|--------|--------------------------------------|---|--------------------|
| PRESII | YENNIER CAPOTE | 13384 SW 46 TERR | MIAMI FL 33175 |
| VICE P | YUNIOR CAPOTE | 13384 SW 46 TERR | MIAMI FL 33175 |
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/2004

Date

786-287-2141

Daytime Phone #

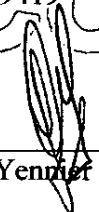
CR2E081 (01/04)



13384 SW 46th ter
Miami, fl 33175

Monday, February 23, 2004

To Whom It May Concern I am writing this letter to let you know that we have just taken knowledge that there was an order of dissolution we have never received the annual reports I need this problem to be resolved. I have filled out a reinstatement form if you would have any questions please feel free to contact me at 786-326-9419


Yennifer Capote