

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUL -8 4:10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022045

**1. Corporation Name**

Olive Branch Resale Shop, Inc.

301 43rd Avenue North  
P.O. Box 76153

**2. Principal Office Address**

301 43rd Avenue North

**3. Mailing Office Address**

P.O. Box 76153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33703

Country

U.S.A.

Zip

33734

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/25/2002

**5. FEI Number**

02-0558706

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

Gloria Klein

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

301 43rd Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33703

**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

*Gloria Klein*

Date July 7, 2004

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
P	Gloria Klein	301 43rd Avenue North	St. Petersburg, FL 33703
V	Sarah Lintemuth	120 43rd Avenue North	St. Petersburg, FL 33703

**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:

*Gloria Klein*

July 7, 2004

(727) 403-6741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)