

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AH 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

DOCUMENT # P02000033920

1. Corporation Name

O'LAKERS TRANSFER, INC.

Principal Place of Business

5600 A AIRPORT BLVD
TAMPA FL 33634

Mailing Address

5600 A AIRPORT BLVD
TAMPA FL 33634

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



400024050134
10/23/03--01059--008 **150.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2002

5. FEI Number

Applied For

Not Applicable

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
PD	O'LAKER, DANIEL	1313 W ARTIE ST ARCTIC ST	TAMPA FL 33604

8. Name and Address of Current Registered Agent

O'LAKER, DANIEL
1313 W ARTIE ST
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-10-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

813-249-6683

Daytime Phone #

CR20040 (7/03)

O'Laker's Transfer

5600 A Airport Blvd.
Tampa, FL 33634
Phone 813-249-6683
Fax 813-880-8300

October 10, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

Dear Glenda E. Hood,

This letter is in regards to our company's corporation annual report/uniform business report. We did not receive any of the notices, which were mailed out at the first of the year and in June. We are located in a building with three other companies. It is not uncommon for mail to come up missing.

As a small business, these matters are very important to us, especially our "Corporation".

I hope I have explained our case, and hope that you take this in consideration and wave the reinstatement fee. If you have any questions or need more information please contact me at the number above.

Sincerely,



Daniel O'Laker