PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 21 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038712

1. Corporation Name
Olympus Corp.

400056343794
06/20/05--01019--003 **1050.00

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
8514 Rose Grove Road	8514 Rose Grove Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32818 Country: USA	Zip: 32818 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/10/2002

5. FEI Number: 04-3637930 ☐ 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: Angel Roberto Jerrybandan
Street Address (P.O. Box Number is Not Acceptable): 8514 Rose Grove Road
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32818

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: Angel Jerrybandan — REGISTERED AGENT MUST SIGN — Date: June 15 2005

CR2E081 (01/05)

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
Pres.	Angel Roberto Jerrybandan	8514 Rose Grove Road	Orlando, FL 32818

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: Angel Jerrybandan June 15 2005 407-521369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #