

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H02000134105

1. Corporation Name

OLARON, INC.

PD2000049839

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

3801 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

3801 NORTH FEDERAL HIGHWAY

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 05/06/2002

5. FEI Number  
05-0554371

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

000031689780  
04/01/04--01025--025 \*\*300.00

7. Name and Address of Current Registered Agent

Name

DHANJI, SHAHRUKH

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

Suite, Apt. #, Etc.

3801 NORTH FEDERAL HIGHWAY,

City

POMPANO BEACH

State  
FL

Zip Code  
33064

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

Date 3/26/04

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
PD	DHANJI, SHAHRUKH	3801 NORTH FEDERAL HIGHWAY	POMPANO BEACH, FL-33064

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:

SHAHRUKH DHANJI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/04 954 782-0571

Daytime Phone #

CR2001 (01/04)

*MSR*

Dear Corporation Reinstatement Specialist:

Please be advised, that upon recently making application at a banking facility we learned that our corporate status had lapsed. We were not aware of this lapse, and from all knowledge to us we failed to receive the Annual Filing report or UBR to keep our corporation active.

We are enclosing for you a money order of \$300.00 for last year and this years UBR fee. Since we failed to receive the request to file a UBR from your office, it is respectfully requested that you waive the late fee requirement.

Your understanding in this matter is very appreciated.

Sincerely,

  
S. Dhanji  
President

Olaron, Inc.  
3801 North Federal Highway  
Pompano Beach, Fl. 33064