2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000076698

1. Entity Name
OLANOS' ENTERPRISES, INC.

Principal Place of Business	Mailing Address
411 NE 58TH COURT OAKLAND PARK, FL 33334	411 NE 58TH COURT OAKLAND PARK, FL 33334

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10212004 REIN-P CR2E098 (6/04)
City & State	City & State	**4.** FEI Number 02-0553789 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOFIL INVESTMENTS, INC. 2011 SOUTH PEROMETER ROAD STE C FT LAUDERDALE, FL 33309	Name NOFIL INVESTMENTS, INC Street Address (P.O. Box Number is Not Acceptable) _5280 NW 20 TERRACE, HANGAR 58_ City FORT LAUDERDALE FL Zip Code 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _[signature]_

DATE 10 / 21 / 04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 After January 1, 2005, Fee will be $300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **DPST** NAME **OLANO, RAUL** STREET ADDRESS **411 NE 58TH COURT** CITY-ST-ZIP **OAKLAND PARK, FL 33334**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000042162480 10/25/04--01075--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _[signature]_   10/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #