

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

04 FEB -9 AM 8:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000089900

1. Corporation Name

OLGA JORDANOPOULOS O.D., INC.

Principal Place of Business

Mailing Address

117 FORESTER CT
WELLINGTON FL 33414

117 FORESTER CT
WELLINGTON FL 33414

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03-09



500028414305

02/03/04 01057-004 **908.75
4. Date Incorporated or Qualified To Do Business in Florida

08/19/2002

5. F.E.L. Number

14-1902705

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
D	JORDANOPOULOS, OLGA	117 FORESTER CT	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORDANOPOULOS, OLGA
117 FORESTER CT
WELLINGTON FL 33414

Name

N/A

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

Pr. Olga Jordanopoulos
REGISTERED AGENT MUST SIGN

Date

01/29/04

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:

Pr. Olga Jordanopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/29/04

Daytime Phone #

(561)
719-
2770

CR2E040 (7/03)