FROM : FAX NO. : Mar. 05 2004 01:35PM P2

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 JUN 13 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-24-07-01061-016 150.00

REINSTATEMENT
02072008 REIN-P CR2E099 (1/07) 02-08

DOCUMENT # P03000112819

1. Entity Name
OLYMPIA MANAGEMENT AND CONSULTANTS CORP.

Principal Place of Business	Mailing Address
20335 BISCAYNE BLVD AVENTURA, FL 33180	20335 BISCAYNE BLVD AVENTURA, FL 33180
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 32-0095977 — Applied For / Not Applicable

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
SEIF, EVAN D 2800 PONCE DE LEON BLVD STE 1125 CORAL GABLES, FL 33134	Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CICALE, PETER 20335 BISCAYNE BLVD AVENTURA, FL 33180 ☐ Delete	☐ Change ☐ Addition 000118741380 02/25/08--01034--008 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODEN, ROY 20335 BISCAYNE BLVD AVENTURA, FL 33180 ☐ Delete	☐ Change ☐ Addition 6/13
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/18/2008 Date — 305-932-3500 Daytime Phone #