

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN -7 AM 8:22


FLORIDA DEPARTMENT OF STATE  
ALLIANCE, FLORIDA

600104255226  
06/12/07--01013--003 \*\*450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000101507

1. Corporation Name

**NANCY R. OLSON, INC.**

2. Principal Office Address - No P.O. Box #  
51 EAST COMMERCIAL BLVD.

3. Mailing Office Address  
51 EAST COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL.

City & State  
FORT LAUDERDALE, FL.

Zip  
33334

Country  
USA

Zip  
33334

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida  
07/07/2004

5. FEI Number  
20-1395427

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  
NANCY R. OLSON

Street Address (P.O. Box Number is Not Acceptable)  
51 EAST COMMERCIAL BLVD.

Suite, Apt. #, Etc.

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33334

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

6/4/07

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
D	NANCY R. OLSON	51 EAST COMMERCIAL BLVD.	FORT LAUDERDALE, FL. 33334
	<i>[Handwritten Signature]</i>		

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/07 934-561-5670  
Date Daytime Phone #