

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC -3 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/20/07--01017--023 \*\*308.75

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05000046842

1. Corporation Name

ROY M OLIVARES, PA

W07-57479

2. Principal Office Address - No P.O. Box # 2005 E FOWLER AVE	3. Mailing Office Address 2005 E FOWLER AVE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State TAMPA, FL	City & State TAMPA, FL		
Zip 33612	Country USA	Zip 33612	Country USA

7. Name and Address of Current Registered Agent

Name  
ROY OLIVARES

Street Address (P.O. Box Number Is Not Acceptable)  
2005 E FOWLER AVE

Suite, Apt. #, Etc.

City  
TAMPA

State  
FL

Zip Code  
33612

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

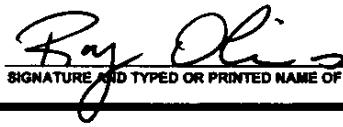
Date 10/20/2007

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
P	Roy M. OLIVARES	4908 Pennsbury Drive	TAMPA, FLORIDA 33624
	N/A	N/A	N/A

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:



ROY OLIVARES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2007

727-504-9140

Date

Daytime Phone #

12/5/07  
2007