

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

I did not receive my
renewal
FILED
07 SEP 27 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **905000097226**

1. Corporation Name

OSZ LAND

REINSTATEMENT

CR2E081 (1/07)

06-07

2. Principal Office Address - No P.O. Box #

6050 S. Babcock St

Suite, Apt. #, etc.

3. Mailing Office Address

6050 S. Babcock St #31

Suite, Apt. #, etc.

City & State

PalM Bay FL

Zip

Country

32909

Brevard

City & State

PalM Bay FL 32909

Zip

Country

32909

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Joseph ONE

Street Address (P.O. Box Number is Not Acceptable)

6050 S. Babcock St #31

Suite, Apt. #, Etc.

City

PalM Bay FL

State

FL

Zip Code

32909

☐ 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

Joseph ONE

REGISTERED AGENT MUST SIGN

Date **9/26/07**

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
president	Joseph ONE	6050. Babcock St #31 PalM Bay FL 32909	PalM Bay FL 32909
T	Walner Sticker	1092 Helena Ave N.W.	PalM Bay FL 32907
S	Walner Zamer	6050 S. Babcock St #31	PalM Bay FL 32909

800110011308
09/27/07--01026--004 ***300.00

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:

Joseph ONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/07

Date

321-446-9219

Daytime Phone #