PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT 31 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

900266048369

CR2E081 (11/10)

DOCUMENT # P12000102906

1. Corporation Name

OVERSIGHT PARTNERS, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2748 Tiburon Blvd East		2748 Tiburon Blvd East	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
102		102	
City & State		City & State	
Naples, FL		Naples, FL	
Zip	Country	Zip	Country
34209	US	34209	US

4. Date Incorporated or Qualified To Do Business In Florida
12/19/2012

5. FEI Number
46-1636953
☐ 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHSSEE	FL	32301

OCT 31 2014
R. HUNT
REINSTATEMENT

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 _____ Courtney Williams
REGISTERED AGENT Asst. Vice President

Date 10.31.14

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	Bryan Flynn	2748 Tiburon Blvd East, 102	Naples, FL 34209
T	Sean Fynn	2748 Tiburon Blvd East, 102	Naples, FL 34209
S	Sean Fynn	2748 Tiburon Blvd East, 102	Naples, FL 34209
D	Bryan Flynn	2748 Tiburon Blvd East, 102	Naples, FL 34209
D	Sean Fynn	2748 Tiburon Blvd East, 102	Naples, FL 34209

10. E-mail Address: FLYNN.BRYAN7@GMAIL.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. *I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

SIGNATURE: _____ 10/27/14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 345854 7916016

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 900.00

ORDER DATE : October 21, 2014

ORDER TIME : 10:09 AM

ORDER NO. : 345854-010

CUSTOMER NO: 7916016

DOMESTIC FILINGS

NAME: OVERSIGHT PARTNERS, INC.

RECEIVED
DEPARTMENT OF STATE
14 OCT 31 AM 10:05

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 OCT 31 2014

EXAMINER'S INITIALS R. HUNT