

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

00 NOV 14 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000054604

1. Corporation Name

OPPORTUNITY INVESTMENT  
SERVICES INC

X/B

2. Principal Office Address

10801-SE 146 Terrace Rd

Suite, Apt. #, etc.

City & State

Oklawaha FL

Zip

32179

Country

USA

3. Mailing Office Address

Silver Springs

P.O. Box 2009 FI 34489

Suite, Apt. #, etc.

Box 2009

City & State

Silver Springs FL

Zip

34489

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8-04-93

5. FEI Number

59-3194583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

98-00

7. Name and Address of Current Registered Agent

Name

DENIS MATWYCHUK

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

10801-SE 146 Terrace Rd

Suite, Apt. #, Etc.

Oklawaha

City

Oklawaha

200003496562-2

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\*\*\*\*308.75 \*\*\*\*308.75

State

FL

Zip Code

32179

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

Dennis Matwyshuk

REGISTERED AGENT MUST SIGN

Date 11-14-00

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
Pres	Ali HAZIN	ORLANDO 32824 298 CHICAGO WOODS Circle 10801-SE 146 Terrace Rd	ORLANDO FL 32824 Oklawaha FL 32179
V-Pres	DENIS MATWYCHUK		

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 under section 119.07(3)(i), 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:

Dennis Matwyshuk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-00

Date

352-895-7087

Daytime Phone #

CR2E081 (9/99)