

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

45-97AR

FILED

97 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000029239

1. Corporation Name
O.B.I. INCORPORATED

Principal Place of Business Mailing Address

23016 SANDALFOOT PLAZA DR. SAME
BOCA RATON, FL. 33428

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>SAA</u>		3. New Mailing Office Address, If Applicable <u>SAA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>4/18/94</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0484883</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>PRES</u>	<u>GARY GALIMIDI</u>	<u>3379 NW 53rd CIR</u>	<u>BOCA RATON, FL. 33486</u>

600002172496--2
-05/09/97--01012--011
****\$65.00 ****\$65.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>GARY GALIMIDI</u> <u>3379 NW 53rd CIR</u> <u>BOCA RATON, FL. 33496</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <u>FL</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 4/28/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARY GALIMIDI Date 4/28/97 Daytime Phone # 4881200

CR2E040 (12/96)



International Insurance of Boca

Established Since 1952




2042

APRIL 18, 1997

Florida Dept of State
To Whom it may Concern,

O.B.I. INC.
FEIN 65-0484883.

Please be advised that due to an
incorrect mailing address, reports were
never received. Enclosed is our check
for Five Hundred Sixty Five Dollars
(\$565.00) Thank you for your Cooperation.


G. Gahmidi
PRESIDENT