

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087137

1. Corporation Name

DEEDCO OLYMPIA, INC.

Principal Place of Business

C/O DADE EMPLOYMENT & ECONOMIC DEV
141 NE 3RD AVE SUITE 500
MIAMI FL 33132

Mailing Address

C/O DADE EMPLOYMENT & ECONOMIC DEV
141 NE 3RD AVE SUITE 500
MIAMI FL 33132



200009622072
01/23/03--01032--001 **150.00

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

2. New Principal Office Address, If Applicable

105 S.E. 12 Avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

105 S.E. 12 Avenue
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1994

5. FEI Number

65-0665104

Applied For

Not Applicable

City & State
Homestead, FL

City & State
Homestead, FL

Zip Country
33030 USA

Zip Country
33030 USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VICKERS, MILTON D	141 NE 3 AVE SUITE 500	MIAMI FL 33132
D	WILLIAMS, LILLIE M	1180 NW 50 STREET	MIAMI FL

8. Name and Address of Current Registered Agent

WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT, P.A.
100 SE SECOND ST 38TH FLOOR
MIAMI FL 33131-2130

9. Name and Address of New Registered Agent

Name
REGISTERED AGENTS OF FLORIDA, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 SE SECOND ST.
Suite, Apt. #, Etc.
#2900
City
Miami
State
FL
Zip Code
33131

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/8/03

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., 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: Milton D. Vickers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02 (305) 242-8866
Date Daytime Phone #

CR2E040 (8/02)