

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 AM 8:46

DOCUMENT # **895000004329**

1. Corporation Name

OTOTL, Inc

900004474798--7

-07/13/01--01082--005

******900.00 ****900.00**

2. Principal Office Address

7522 Wiley Rd.

Suite, Apt. #, etc.

203

City & State

Coral Springs, FL.

Zip

33067

Country

USA.

3. Mailing Office Address

6574 North State Rd 7

Suite, Apt. #, etc.

112

City & State

Coconut Creek, FL

Zip

33073

Country

USA.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1, 1996

5. FEI Number

65-0548878

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

Andrew B. Franklin

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

6574 North State Rd 7

Suite, Apt. #, Etc.

112

City

Coconut Creek

State

FL

Zip Code

33073

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

Andrew Franklin

Date

6-29-01

REGISTERED AGENT MUST SIGN

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	Andrew Franklin	1246 Mayson Dr.	Boca Raton FL 33428

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:

Andrew B. Franklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-01

Date

954-757-5165

Daytime Phone #

CR2E081 (9/00)