

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000009325 (8)

1. Corporation Name

OLDARE PROPERTIES INC.

Principal Place of Business

5601 Collins Avenue  
Apt. 1601  
Miami Beach, Florida  
33140

Mailing Address

5601 Collins Avenue  
Apt. 1601  
Miami Beach, Florida  
33140

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

2. New Principal Office Address, If Applicable

5601 Collins Avenue

Suite, Apt. #, etc.  
Apt. 1601

City & State

Miami Beach, FL

Zip 33140

Country Dade

3. New Mailing Office Address, If Applicable

5601 Collins Avenue

Suite, Apt. #, etc.

Apt. 1601

City & State

Miami Beach, FL

Zip 33140

Country Dade

FILED  
97 MAR 20 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

mwB

96 & 97

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/95

5. FEI Number

65-0553125

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Olga D'Amico	5601 Collins Avenue Apt. 1601	Miami Beach, Florida 33140

200002122492--6  
-03/24/97--01189--010  
\*\*\*923.75 \*\*\*923.75

8. Name and Address of Current Registered Agent

Olga D'Amico

5601 Collins Avenue, Apt. 1601  
Miami Beach, Florida 33140

9. Name and Address of New Registered Agent

Name

Olga D'Amico

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

5601 Collins Avenue, Apt. 1601  
Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

*Olga D'Amico*

REGISTERED AGENT MUST SIGN

Date March 17, 1997

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:

*Olga D'Amico / Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/97 (305) 865-6590  
Date Daytime Phone #

CP25040 (12/96)