APPLICATION FOR REINSTATEMENT

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -3 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012668

1. Corporation Name: Optimised Control, Inc.

Principal Place of Business / Mailing Address:
3923 Coconut Palm Dr.
Suite 107
Tampa, Fl 33619

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: February 14, 1995

5. FEI Number: 59-3300857 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for 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
P/T	Philip W. Strong	1000 W. Horatio St. #314	Tampa, FL 33604
S	Maria Alvarez	1909 Princeton Lake Dr #2005	Brandon, Fl 33511

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*****315.00 *****315.00

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8. Name and Address of Current Registered Agent

Philip W. Strong
3923 Coconut Palm Dr.
Suite 107
Tampa, Fl 33619

9. Name and Address of New Registered Agent, If Applicable

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: [signature] REGISTERED AGENT MUST SIGN Date 3/26/97

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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Philip W. Strong 3/26/97 (813) 626-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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