

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/04/02--01072--003 **150:00

DOCUMENT # P95000037201

1. Corporation Name

THE OPTIMUM GROUP, INC.

Principal Place of Business

9810 BAYMEADOWS RD
10
JACKSONVILLE FL 32256
US

Mailing Address

9810 BAYMEADOWS RD
10
JACKSONVILLE FL 32256
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3339310

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	MANCHENO, ANDREA	9810-10 BAYMEADOWS RD	JACKSONVILLE FL 32256
VP	RANCE, STEVE	12004 SW SYLVANIA CT	PORTLAND OR 97215
ST	MARLOW, JEFF	6765 NEWBERRY RD	GAINESVILLE FL 32605
P	Robert Mancheno	9810-10 Baymeadows rd	Jacksonville, FL

8. Name and Address of Current Registered Agent

MANCHENO, ANDREA
9810-10 BAYMEADOWS RD
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name Robert Mancheno
Street Address (P.O. Box Number is Not Acceptable)
9810-10 Baymeadows RD
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32256

CR2E040 (8/02)

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 10/1/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/02

Daytime Phone #

(904)
269-7869

Tan*USA
9810 Baymeadows Rd. Suite 10, Jacksonville, FL 32256
(904) 641-4002

10-25-02

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please find enclosed a check for the yearly fees for The Optimum Group.
This would have been sent in earlier, however, none of your correspondence indicating a payment due was received. The only letter received was your final one which is a re-instatement for the corporation. Our accountant also indicated that other corporations he represents did not receive anything but the final notice as well. Therefor, please accept the enclosed check for the anual renewal which I feel is due you.
I apologize for any inconvenience this may have caused. Thank you for your time and efforts.

Sincerely,

Andrea Mancheno, owner