PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -7 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042626

REINSTATEMENT 99-04

MRD

1. Corporation Name
OLYMBIC DEVELOPMENT CORP.

2. Principal Office Address		3. Mailing Office Address	
19201 COLLINS AVE.,			
Suite, Apt. #, etc. #819		Suite, Apt. #, etc.	
City & State N. MIAMI BEACH, FL		City & State	
Zip 33160	Country U.S.A.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 5/25/95

5. FEI Number 593318174 — 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: AGNI LANGAS

Street Address (P.O. Box Number is Not Acceptable): 19201 COLLINS AVE.

Suite, Apt. #, Etc.: #819

City: N. MIAMI BEACH — State: FL — Zip Code: 33160

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: Agni Langas — Date: _____

REGISTERED AGENT MUST SIGN

CR2E085 (01/04)

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
Pres.	AGNI LANGAS	19201 COLLINS AVE,	N MB, FL. 33160
TREAS.			

500044331115
01/07/05--01047--003 **1500.00

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: _____ Date: _____ Daytime Phone #: 305/936-0407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR