

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 9 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000067336**

1. Corporation Name

OLA SPORTWEAR T-SHIRT, INC.

Principal Place of Business

Mailing Address

7470 S.W. 152ND AVENUE
APT. 13
MIAMI FL 33183

7470 S.W. 152ND AVENUE
APT. 13
MIAMI FL 33183

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



REINSTATEMENT

08/30/1995

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

9921 NW 80 AV.

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1-F

5. FEI Number

6506 05 726

Applied For

Not Applicable

City & State

City & State

Mia

Zip

Country

Zip

33016

Country

FL

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. Name(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
1	ESPINOSA, MARCELA	7470 S.W. 152ND AVE. APT. 13	MIAMI FL 33183

508882026165-2
-12/11/96-01066-011
***375.00 ***375.00

JB12-10-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESPINOSA, MARCELA
7470 S.W. 152ND AVENUE
APT. 13
MIAMI FL 33183

Name

marcela Espinosa

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

9921 NW 80 AV.

Suite, Apt. #, Etc.

1-F

City

Miami

State

FL

Zip Code

33016

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-18-96

Date

(305)

8285507

Daytime Phone #