

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**10 MAY 24 AM 8:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** P95000067336

1. Corporation Name

Ola Sportware T-Shirt, Inc.

WT-21357

400179438834  
05/13/10--01029--004 \*\*300.00  
04-30-10 01046-DIS \$150.00

**REINSTATEMENT**

08-10

2. Principal Office Address - No P.O. Box #

9910 NW 80 Ave

Suite, Apt. #, etc

2-A

City & State

Hialeah Gardens, FL

Zip

33016

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc

2-A

City & State

MIAMI HIALEAH GARDENS

Zip

33016

Country

FLORIDA

4. Date incorporated or Qualified  
To Do Business in Florida

8/30/1995

FEI Number

65-0605726

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

Sergio Ulloa

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

9910 NW 80 Ave

Suite, Apt. #, Etc

2-A

City

Hialeah Gardens

State

FL

Zip Code

33016

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/29/10

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
PRESIDENT OWN	SERGIO ULLOA	9910 NW 80 Ave 2-A	HIALEAH, FL, 33016
		JESUS	GARDENS

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

4/29/10 (305) 821-8709