APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 NOV 18 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # P96000010042

1. Corporation Name
OPTIMUM SOLUTIONS, INC.

Mailing Address	Principal Place of Business
593 Rasley Road New Smyrna Beach, FL 32168	593 Rasley Road New Smyrna Beach, FL 32168

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
950 S. Winter Park Dr.	950 S. Winter Park Dr.
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.: Suite 301
City & State: Casselberry, FL	City & State: Casselberry, FL
Zip: 32707 Country: USA	Zip: 32707 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: January 29, 1996

5. FEI Number: 59-3391958 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State - Zip 4
P/D S/T	Eva Hurst	950 S. Winter Park Dr., ~~593 Rasley Road~~	Ste. 301, Casselberry, FL 32707 ~~New Smyrna Beach, FL 32168~~

300002350823--4

REINSTATEMENT 97

Sc 11-18-97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Eva Hurst 593 Rasley Road New Smyrna Beach, FL 32168	Name: Eva Hurst Street Address (P.O. Box Number is Not Acceptable): 950 S. Winter Park Drive, Suite 301 Suite, Apt. #, Etc.: City: Casselberry State: FL Zip Code: 32707

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: Eva Mae Hurst — Date: 11/14/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 I [illegible] 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., and the [illegible] fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if m[illegible] under oath.

SIGNATURE: Eva Mae Hurst, Eva Hurst, President — Date: 11/14/97 — Daytime Phone #: (407) 339-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 602789 4329479

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : November 17, 1997

ORDER TIME : 9:43 AM

ORDER NO. : 602789-005

CUSTOMER NO: 4329479

CUSTOMER: Karen Didea, Legal Asst
Baker & Hostetler Suntrust
200 South Orange Avenue
Po Box 112
Orlando, FL 32802-0112

DOMESTIC FILINGS

RECEIVED
97 NOV 18 AM 11:53
DIVISION OF CORPORATION

NAME: OPTIMUM SOLUTIONS, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
X_____ PLAIN STAMPED COPY
X_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap
EXAMINER'S INITIALS _____