

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

**APPROVED AND FILED**

1998 MAR 23 PM 2:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000024058**

1. Corporation Name

**OR KOL, INC.**

Principal Place of Business  
**21126 BIRD'S NEST TERRACE**  
**BOCA RATON, FLORIDA**  
**33433**

Mailing Address  
**7800 W. OAKLAND PARK BLVD.**  
**BLDG. "G"**  
**SUNRISE, FL. 33351**

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

2. New Principal Office Address, If Applicable  
**21126 BIRD'S NEST TERRACE**  
 Suite, Apt. #, etc.  
 City & State  
**BOCA RATON, FL.**  
 Zip  
**33433** Country  
**U.S.A.**

3. New Mailing Office Address, If Applicable  
**c/o REJEAN LAPIERRE**  
 Suite, Apt. #, etc.  
**7800 W. OAKLAND PARK BLVD.**  
 City & State  
**BLDG. "G", SUNRISE, FL.**  
 Zip  
**33351** Country  
**U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida  
**3/18/96**

5. FEI Number  
**65-0700514** Applied For  
 Not Applicable

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)

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	LANDMANN, ZVIA	21126 BIRD'S TERRACE	BOCA RATON, FL. 33433
			500002467065--0
			03/24/98 01099-005
			*****900.00 *****900.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**REJEAN LAPIERRE**

Street Address (P.O. Box Number is Not Acceptable)  
**7800 W. OAKLAND PARK BLVD.**

Suite, Apt. #, Etc.  
**BLDG. "G"**

City  
**SUNRISE** State  
**FL** Zip Code  
**33351**

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]*

**REJEAN LAPIERRE**

REGISTERED AGENT MUST SIGN

Date **3/16/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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]* **ZVIA LANDMANN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/98**  
 Date

**561-8835094**  
 Daytime Phone #

CR2E040 (1/98)