DEC 31' 98 (THU) 11:32 BILZIN, SUMBERG, ET. AL TEL:305-374-7593 P.002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

98 DEC 31 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000044295

1. Corporation Name

THE OPT CONCH CORPORATION

Principal Place of Business

18700 Lake Iola Road
Dade City, FL 33525

Mailing Address

18700 Lake Iola Road
Dade City, FL 33525

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/21/96

5. FEI Number ✓ Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75: Additional Fee Required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 D, P	2 Clifton Pottberg	3 18700 Lake Iola Road	4 Dade City, FL 33525

8. Name and Address of Current Registered Agent

Clifton Pottberg
18700 Lake Iola Road
Dade City, FL 33525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State: FL Zip Code

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 Clifton Pottberg REGISTERED AGENT MUST SIGN Date 12-17-98

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: Clifton Pottberg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifton Pottberg, Director

12-17-98 Date

352-588-3306 Daytime Phone #

CR2E040 (1-98)

12/17/98
12:01 PM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H98000023544 3)))

TO: DIVISION OF CORPORATIONS FAX #:
(850)922-4004

FROM: BILZIN, SUMBERG DUNN PRICE & AXELROD LLP ACCT#:
075350000132
CONTACT: KENDALL SPARKMAN
PHONE: (305)374-7580 FAX #:
(305)350-2446

NAME: THE OPT CONCH CORPORATION
AUDIT NUMBER.....H98000023544
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $900.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>: