

P.1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -8 AM 10: 16

OAB CORPORATION

Mailing Address

6801 SW 123 AVE
MIAMI FL 33183
US

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

06/27/1996

5. FBI Number 65-073-0799
~~APPLIED FOR~~

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BELLIDO, OCTAVIO ARIAS	6801 SW 70TH ST <i>123 Ave.</i>	MIAMI FL 33183
S	SMITH, BLANCA	6801 SW 70TH ST <i>123 Ave.</i> 12900 SOUTHWEST 70 STREET	MIAMI FL <i>33183</i>
			200003491132--9
			-12/08/00--01012--010
			*****8.75 *****8.75
			<i>05/02/00 90107 035</i> <i>150.00</i>

8. Name and Address of Current Registered Agent

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	
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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

Date _____

REGISTERED AGENT MUST SIGN

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 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

Date _____

Daytime Phone #

Blanca A. Smith - Secretary

OAB CORPORATION
6801 SW 123 Ave.
Miami, Florida 33183

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URGENT – URGENT – URGENT – URGENT – URGENT

October 31, 2000

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

BY FAX AND FEDEX

1-850-487-6017

Re: OAB CORPORATION – TAX ID NO. 65-073-0799

Dear Sirs:

We received a notice of Dissolution and Revocation for the above mentioned company.

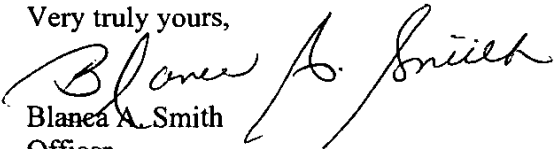
It has never been our intention to dissolve this company. We called your office and they have informed us that there was a notice sent to us earlier. We never received it. They also informed us that the reason was because the form did not have the Tax Id number.

We would like to reinstate the company at your earliest convenience. The form we received with the notification of dissolution, did not explain that the problem was that the Tax Id number was missing.

We are not sending any payment with this Reinstate Application because we sent the report on time on April 26, 2000 by courier with our check in the amount of \$150.00. The check was paid to the Department of State by our bank on May 9, 2000. I am enclosing herewith copy of the check posted by the bank and copy of my bank statement since I paid the fee from my personal account. We do not need to make any additional payment. I am sending a check for \$8.75 to receive a Certificate of Status once reinstated.

Please let me know if you have any question. My date time phone is (305) 38108340.

Very truly yours,


Blanea A. Smith
Officer