

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 6/2*

APPLICATION FOR  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000026543

1. Corporation Name
O'HARA CORTEZ, INC.

Principal Place of Business Mailing Address
 7004 CORTEZ ROAD 7004 CORTEZ ROAD
 BRADENTON FL 34209 BRADENTON FL 34209

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/18/1997	
City & State		City & State		5. FEI Number 65-0757003	
Zip		Zip		APPLIED FOR	
Country		Country		Applied For	
		SARASOTA FLORIDA		Not Applicable	
		34235		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED

01 OCT 29 AM 9:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
D	JONES, PATRICK	7004 CORTEZ ROAD	BRADENTON FL 34209
D	JONES, ANNE	7004 CORTEZ ROAD	BRADENTON FL 34209
			900004686179--6 -11/16/01--01103--006 ****400.00 ****400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, PATRICK 7004 CORTEZ ROAD BRADENTON FL 34209		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 *[Signature]* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date **10-16-01**

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

Date **10-16-01**
 Daytime Phone #

CR2E040 (8/01)

PAYMENT

O HARA'S CORTEZ

3413 24th CIR

SARASOTA

FL 34235

To whom it may concern

Please find check
for \$400. dollars as agreed re-
phone call our mail had got
mislaid

Yours sincerely
A Jones