FLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT DOCUMENT # POTO 1. Corporation Name Options 2. Sections 1. Corporation Name Options 1. Corporation Name Options Options	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS DOZOGE, Tax.	FILED 00 APR -6 AM 9: 19 SECRETARY OF STATE TABLEMASSEE, FLORIDA
Optimum Services, Inc. 5131 SE 128 h Avenue		
Okeechobee, Fl 34974		
2. Principal Office Address	3. Mailing Office Address	
5131 SE 128th Ave, Okee	5131 SE 128 Aug Okee	REINSTATEMENT 8-00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State ,	To Do Business in Florida 4/2/1997
Okeechobee Te	Okosal dose Te	5. FEI Number Applied For
Zip Country	Zip Country	6. Not Applicable
34974 OKER	34974 Okee	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Street Address (P.O. Box Number is Not Acceptable) 90003213729-2		
5131 SE 12	<u>-04/18/000112002</u> P	
Suite, Apt. #, Etc.	***1058.75 ***1058.75	
City State Zip Code FL 34974		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of		2/17/00
Registered Agent REGISTERED AGENT MUST SIGN		Date
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P - Daniel - Cash	en 5131-52-1284 A	me Okeeshobee 2834974
VP Richary Com	as 1908 NEQUEST	(evi How Manors FL 3330
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10. 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 filling 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: 3 1700 863-467-357.2		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		