

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

98 NOV 30 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000042516**

1. Corporation Name

**OLIVE BRANCH PROPERTY MANAGEMENT CORPORATION**

Principal Place of Business

Mailing Address

400 N.W. 9TH AVENUE  
FORT LAUDERDALE FL 33311

400 N.W. 9TH AVENUE  
FORT LAUDERDALE FL 33311



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

**REINSTATEMENT**

98

2. New Principal Office Address, if Applicable  
**407 NW 9th Avenue**

3. New Mailing Office Address, if Applicable  
**407 NW 9th Avenue**

4. Date Incorporated or Qualified  
To Do Business In Florida

**05/14/1997**

Suite, Apt. #, etc.  
**Suite #2**

Suite, Apt. #, etc.  
**Suite #2**

5. FEI Number

**65-0754722**

Applied For

Not Applicable

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

Zip

**33311**

Country

**USA**

Zip

**33311**

Country

**USA**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/T	Ray Kuma	5530 SW 44th Terrace	Ft. Lauderdale, FL 33314
V	L. James Hudson	3012 SW 11th Street	Ft. Lauderdale, FL 33314
S	Jerry Carter	4737 NW 67th Avenue	Lauderhill, FL 33319

9000002703709--3  
-12/04/98--01100--005  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BLACK, FREDERICK D JR**  
**400 N.W. 9TH AVENUE**  
**FORT LAUDERDALE FL 33311**

Name

**Raymond Kuma**

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

**5530 SW 44th Terrace**

Suite, Apt. #, Etc.

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33314**

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11-20-98**

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

Yes ☐ No ☒

(See instructions 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:

**Raymond Kuma**  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**11-20-98**  
Date

**954**  
**767-9995**  
Daytime Phone #