

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 10 PM 12:33

DOCUMENT # P97000055214

Corporation Name

WILLIAM OLSON, INC

3569 WEBBER ST

SARASOTA, FL 34239

Principal Office Address

3569 WEBBER ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

State

SARASOTA, FL

City & State

Country

USA

Zip

34239

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-23-97

5. FEI Number

65-0773655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM OLSON

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

% 3569 WEBBER ST

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

I am hereby appointing 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

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

is	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	WILLIAM OLSON	3569 WEBBER ST	SARASOTA, FL 34239

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 levied 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:

William Olson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-01

Daytime Phone #

CR2001 (9/00)

December 20, 2001

Florida Department of State  
Tallahassee, FL

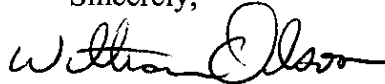
Re: William Olson, Inc.  
EIN 65-0773655

Dear Sir or Madam,

I am writing this letter to reinstate this corporation. Because of a business and personal relocation I never received my 2000 and 2001 corporate renewal.

Enclosed is a check for \$300.00 for the two years not paid. I am asking you to abate the \$600.00 penalty as I was not aware that the fee was required for 2000 or subsequently for 2001. If I had received the notices I would have paid all fees timely.

Sincerely,

A handwritten signature in black ink, appearing to read "William Olson", with a stylized flourish at the end.

William Olson