

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 3:00

DOCUMENT # **P97000070945**

1. Corporation Name

OPV DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1460 S OCEAN BLVD
POMPANO BEACH FL 33062
US

1460 S OCEAN BLVD
POMPANO BEACH FL 33062
US



REINSTATEMENT

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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

08/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0786059

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	GROSS, LEONARD H	13050 BRIDGEPORT AVE	BONITA SPRINGS FL 34135
STD	BLOOM, ASHLEY B	5533 PACIPIE BLVD	BOCA RATON FL 33433
VDC	BLOOM, HOWARD	1756 EAGLE TRACE BLVD WEST	CORAL SPRINGS FL 33065
V	BLOOM, DIANE	1756 EAGLE TRACE BLVD WEST	CORAL SPRINGS FL 33065

8. Name and Address of Current Registered Agent

GROSS, LEONARD H
13050 BRIDGEPORT AVE
BONITA SPRINGS FL 34135

9. Name and Address of New Registered Agent

Name
WALLACK, MICHAEL M., ESQ.
Street Address (P.O. Box Number is Not Acceptable)
27 FLETCHER AVENUE
Suite, Apt. #, Etc.
City
SARASOTA
State
FL
Zip Code
34237

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

10/19/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 (954) 786-8883

Date

Daytime Phone #