

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Olah Montoya Asociados Corporation

897 000077201

400008049024--2
-09/26/02--01035--020
****900.00 ****900.00

2. Principal Office Address

20515 East Country Club Drive

3. Mailing Office Address

Suite, Apt. #, etc.

846

Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Zip

33180

Country

usa

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0793368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

Jorge L. Gonzalez, Esq.

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

1933 SW 27th Avenue

Suite, Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33145

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
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/19/02

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/S/D	Olah, Sarika	20515 East Country Club Dr. #846	Aventura, Florida 33180

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/20/02 (205) 284-3303

CR2E081 (9/01)