


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED</p> <p>00 NOV 30 PM 9:58</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p>																													
<p>DOCUMENT # P98000004930</p> <p>1. Corporation Name</p> <p>OMAR SERVICES INC.</p>																															
<p>2. Principal Office Address</p> <p>425 W. KENNEDY BLVD.</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>EATONVILLE FLORIDA</p> <p>Zip Country</p> <p>32751 ORANGE</p>		<p>3. Mailing Office Address</p> <p>2041 DUNS福德 DRIVE</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>ORLANDO FLORIDA</p> <p>Zip Country</p> <p>32808 ORANGE</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida 01/15/1998</p> <p>5. FEI Number XX Applied For Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td></tr><tr><td colspan="2">ANN COLLINGWOOD-ROWE</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td colspan="2">2041 DUNS福德 DRIVE</td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td colspan="2">ORLANDO</td></tr><tr><td>City</td><td>State Zip Code</td></tr><tr><td>ORLANDO</td><td>FL 32808</td></tr></table>				Name		ANN COLLINGWOOD-ROWE		Street Address (P.O. Box Number is Not Acceptable)		2041 DUNS福德 DRIVE		Suite, Apt. #, Etc.		ORLANDO		City	State Zip Code	ORLANDO	FL 32808												
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<p>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.</p> <p>Signature of Registered Agent _____ Date 6/20/00</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P/S</td><td>ANN COLLINGWOOD-ROWE</td><td>2041 DUNS福德 DRIVE</td><td>ORLANDO FL 32808</td></tr><tr><td>V/T</td><td>NEVILLE A. ROWE</td><td>2041 DUNS福德 DRIVE</td><td>ORLANDO FL 32808</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/S	ANN COLLINGWOOD-ROWE	2041 DUNS福德 DRIVE	ORLANDO FL 32808	V/T	NEVILLE A. ROWE	2041 DUNS福德 DRIVE	ORLANDO FL 32808																
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<p>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.</p> <p style="text-align: right;">KE</p> <p>SIGNATURE: _____ ANN COLLINGWOOD-ROWE 407-400-6093</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																															

CR2E081 (9/99)