

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000051029

1. Corporation Name

OPAL, INC.

Principal Place of Business

Mailing Address

4949 S. TAMiami TRAIL  
SARASOTA FL 34231  
US

4949 S. TAMiami TRAIL  
SARASOTA FL 34231  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1998

5. FEI Number

65-0841677

Applied For

Not Applicable

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
D	ALI, SATWATH	<del>2608 BENEVA ROAD #504</del> 4050 WESTFIELD CT.	SARASOTA FL 34233 SARASOTA, FL. 34233
D	ALI, ANN M	<del>2608 BENEVA ROAD #504</del> 4050 WESTFIELD CT.	SARASOTA FL 34233 SARASOTA, FL. 34233
D	KASAPAKIS, CHRISTOS	5500 CHECKER DRIVE 3433 CORONADO DR. #1705	BUFFALO CREEK IL 60089 SARASOTA, FL. 34231
D	KASAPAKIS, ANGELA	5500 CHECKER DRIVE 3433 CORONADO DR. #1705	BUFFALO CREEK IL 60089 SARASOTA, FL. 34231
			300003446903--8 -11/01/00--01053--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRAKE, KEVIN

~~1040 MAIN STREET~~

~~SUITE 204~~

SARASOTA FL 34236

Name

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

1432 First Street

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 10/15/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1600 941-921-6123

KE

CR2E040 (8/00)