

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000058266

1. Corporation Name

OPTIMAL ENGINEERING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

~~20 FOREST VIEW WAY~~
ORMOND BECH FL 32174

~~20 FOREST VIEW WAY~~
ORMOND BECH FL 32174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

91 Carriage Creek Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

91 Carriage Creek Way
Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip 32174 Country USA

Zip 32174 Country USA

4. Date Incorporated or Qualified
To Do Business In Florida

06/30/1998

5. FEI Number

59-3546399

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	OSBORNE, DEBORAH M	20 FOREST VIEW WAY	ORMOND BECH FL 32174
VD	GEORGE, JOHN H	653 MARINA POINT	DAYTONA BEACH FL 32114
S	WATRET, JOHN	106 HILLDALE AVE	ORMOND BEACH FL 32174
T	ROSS, DAVID L	2567 PARKWAY DRIVE	DELAND FL 32720

8. Name and Address of Current Registered Agent

~~WOODS, JUDSON I JR~~
~~20 FOREST VIEW WAY~~
~~ORMOND BECH FL 32174~~

Deborah M. Osborne
91 Carriage Creek Way
Ormond Beach, FL 32174

9. Name and Address of New Registered Agent

Name Deborah M. Osborne
Street Address (P.O. Box Number is Not Acceptable)
91 Carriage Creek Way
Suite, Apt. #, Etc.

City Ormond Beach State FL Zip Code 32174

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Deborah M. Osborne
REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

Deborah M. Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99 (904) 673-6884
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 3:48



REINSTATEMENT 99

CR2E040 (6/99)