

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

02 NOV 21 PM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000069551**

1. Corporation Name

**OMEGA ARCHITECTURAL PRODUCTIONS INC.**

Principal Place of Business

100 AVE. A., STE. 2E  
FT. PIERCE FL 34950

Mailing Address

100 AVE. A., STE. 2E  
FT. PIERCE FL 34950



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

08/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2450676

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
PDMD	CLEVELAND, DAVID M	100 AVE. A., STE. 2E	FT. PIERCE FL 34950
VPD	GERLEY, VICTOR	3190 N.E. MAPLE AVE.	JENSEN BEACH FL 34957
<del>VPD</del>	<del>FOSTER, JOHN</del>	<del>11205 RIDGE AVE.</del>	<del>FT. PIERCE FL 34982</del>
T	CLEVELAND, DAVID M	100 AVE. A., STE. 2E	FT. PIERCE FL 34950

8. Name and Address of Current Registered Agent

CLEVELAND, DAVID M  
100 AVE. A., STE. 2E  
FT. PIERCE FL 34950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/10/2002

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

11/10/2002 772462010

Date

Daytime Phone #

CR2E040 (8/02)



OMEGA  
ARCHITECTURAL  
PRODUCTIONS, INC.

ARCHITECTS & ENGINEERS

11-10-2002

FL. Dept of State.

Re: Corp. Report

To Whom it may Concern,  
We failed to receive the previous Corp Reports.

Please REINITIATE OUR ACTIVE STATUS.

Thank You.

DAVID M. CLEVELAND  
President