## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT #

Corporation Name

SIGNATURE:

Olimpiamaria Enterprises, Inc.

FILED

OO SEP II PM 4: 43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Davtime Phone #

- Principal Office Address 3. Mailing Office Address 3114 Tuxedo ave. 3114 Tuxedo Ave. .:it≏ Apt # etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida. Oct... 26,\_1.998 👊 8 State City & State Applied For 5. FEI Number ust P**a**lm Bëa**ch,** FL West Palm Beach, FL Not Applicable Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33405 Palm Beach 33405 Palm Beach for a Certificate of Status 7. Name and Address of Current Registered Agent Michael F. Coiro 200003338448 Street Address (P.O. Box Number is Not Acceptable) -09/20/00~-01002~: 3114 Tuxedo Ave. \*\*\*\*900.00 \*\*\*\*9**0**0.00 Suite, Apt. #, Etc. Zip Code State West Palm Beach, 33405 8. I, being appointed the red stered agent of the propose 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 9. Names and Stree Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director Pres. Dire. Sec. West Palm Bch., FL3340 Michael F. Coiro 3114 Tūxedo Ave. West Palm Bch., FL Dire. 33405 Daniel Coiro 3114 Tuxedo Ave. KΕ

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.

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR