

FILED

2004 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 SEP -9 AM 9:00

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000003233

1. Corporation Name

OLIVE BRANCH PROPERTIES, INC.

600040968676
09/10/04--01063--005 **8.75800040968658
09/10/04--01063--004 **150.00

2. Principal Office Address

694 BALDWIN AVE.

3. Mailing Office Address

P.O. BOX 405

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State

DEFUNIAK SPRINGS, FL

City & State

DEFUNIAK SPRINGS, FL

Zip

32435

Country

FL

USA

Zip

32435

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/99

5. FEI Number

59-3556104

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒3675: Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATTHEWS, DANA C

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

4445 LEGENDARY DRIVE

Suite, Apt. #, Etc.

City

DEFTIN, FL 32541

State
FLZip Code
32541

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-3-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ANDREWS, ANGUS JR.	694 BALDWIN AVE, STE. 2 P.O. BOX 405	DEFUNIAK SPRINGS, FL 32435

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)(f), 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

9-3-04

Daytime Phone #

850.951.1107

David Ingram

2042

*From the Office of
Angus Graham Andrews, Jr.*

September 3, 2004

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

FILED
04 SEP -9 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Olive Branch Properties, Inc. - Document # P99000003233

Dear Sir/Madam:

Please find enclosed herewith the Annual Report for the above referenced corporation as well as a check in the amount of \$150.00. We never received the Notice of Annual Report in the mail therefore did not know it was due. I believe it was mailed to a formerly-used business address and never forwarded. I called to check on this and was told that if I filled out another Report and mailed it with this letter explaining what happened; everything would be taken care of to bring us to a current status.

Also enclosed is a check for a Certification of Status which is desired to be forwarded to our mailing address.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact our office.

Sincerely,



Beth Baker
Assistant to Angus G. Andrews, Jr.

:bb

Enclosure: Check #'s 2903 and 2937