

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000041007

1. Corporation Name

Omega Plastics Inc

2. Principal Office Address - No P.O. Box #

1641 Palmetto St,

Suite, Apt. #, etc.

City & State

Clearwater FL.

Zip

33755

Country

3. Mailing Office Address

1641 Palmetto St,

Suite, Apt. #, etc.

City & State

Clearwater FL.

Zip

33755

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 3 1999

5. FEI Number

593581224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Varda Yogev

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

1641 Palmetto St,

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 2/12/2010

REGISTERED AGENT MUST SIGN

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
P	Avi Yogev	1641 Palmetto ST	Clearwater FL, 33755
VP	Varda Yogev	1641 Palmetto ST	Clearwater FL, 33755

REINSTATEMENT

RH

10. E-mail Address: vyogev1@tampabay.rr.com

(To be used for future annual report notification)

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. I further certify, 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:

Varda Yogev

2/12/2010

727 298 0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR -4 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300170224733
02/23/10-01003--016 **\$600.00

CR2E081 (11/09)