

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG -6 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049411

1. Corporation Name

Opalc, Inc.

2. Principal Office Address

1504 Mahogany Ln.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34698

Country

USA

3. Mailing Office Address

1497 Main Street

Suite, Apt. #, etc.

#139

City & State

Dunedin, FL

Zip

34698

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-1-1999

5. FEI Number

52-2220994

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

Winston Wallis

200004548252-6

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

1504 Mahogany Ln

08/22/01 01025-102

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code

34683

By 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

Winston Wallis

REGISTERED AGENT MUST SIGN

Date 8-9-01

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
Director	Winston D. Wallis	1504 Mahogany Ln Palm Harbor, FL 34683	Palm Harbor, FL 34683
Director/Secretary	Gloria Bailey	1504 Mahogany Ln Palm Harbor, FL 34683	Palm Harbor, FL 34683
CEO/President	Winston F. Wallis	1497 Main St, #139 Dunedin, FL 34698	Dunedin, FL 34698

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.

SIGNATURE:

WINSTON WALLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-01

Date

727-733-7810

Daytime Phone #

CR2E081 (9/99)

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August 9, 2001

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Attention: Tyrone Scott

To Whom It May Concern:

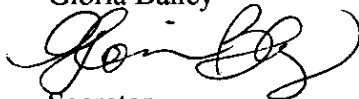
Please accept this form and letter for the reinstatement of Opalc, reference number
P 99 0000 49411.

We did not receive the notices mailed in year 2000 (due to incorrect address) in order to
prevent the dissolution of our corporation.

We would like to sincerely request the late fees be waived and to reinstate Opalc. A
check for \$300.00 is enclosed.

Your consideration is appreciated,

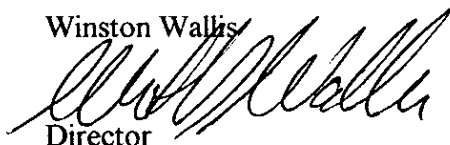
Gloria Bailey



Secretary

727-733-7810

Winston Wallis



Director