

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056946

1. Corporation Name

OLYMPIA AVENUE CORPORATION

Principal Place of Business

370 MINORCA AVENUE
SUITE 15
CORAL GABLES FL 33134

Mailing Address

370 MINORCA AVENUE
SUITE 15
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	JENNINGS, WILLIAM R III	370 MINORCA AVE STE 15	CORAL GABLES FL 33134
VPSD	BUSTO, MERCEDES	370 MINORCA AVE STE 15	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

BUSTO, MERCEDES
370 MINORCA AVENUE
SUITE 15
CORAL GABLES FL 33134

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

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)(l), 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

MERCEDES BUSTO

Date

10/15/01

Daytime Phone #

(305)
443-2444

CR2E040 (8/01)

282

OLYMPIA AVENUE CORPORATION

C/O MERCEDES BUSTO
370 MINORCA AVENUE, SUITE 15
CORAL GABLES, FLORIDA 33134

October 15, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report

Dear Sir or Madam:

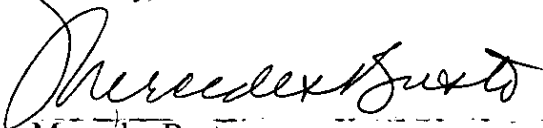
I received in today's mail your Notice of Administrative Dissolution or Revocation for the above corporation.

No prior notice had been received by us at any time. It may be that the form Annual Report was misdelivered or returned by the mail-person for failure to recognize the addressee. Enclosed is a copy of your notice received today, on which apparently the mail-person put a question mark.

Enclosed is the Application for Reinstatement and our check in the amount of \$150.00 to cover the annual fee. In the event you need further information, please contact the undersigned at (305) 443-2444, or email at mbusto@aol.com.

Thank you for your cooperation.

Sincerely,



Mercedes Busto
Vice President
Olympia Avenue Corporation

MB/tbm
Enclosures