

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 2:43

DOCUMENT #

P99000060331

1. Corporation Name

Otto Oliva, Inc.

2. Principal Office Address

9945 SW 73 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33173

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/1999

5. FEI Number

65-0934709

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

Otto Oliva

000003500510

-12/13/00-01110-002

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

9945 SW 73 ST

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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 12/4/00

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
Pres	Otto Oliva	9945 SW 73 ST MIAMI, FL 33173	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00

Date

(305) 720-3789

Daytime Phone #

(2)

December 4, 2000

P99000060331

To Whom It May Concern:

On May of this year I purchased my new home located at 9945 S.W. 73 Street. I never received any information regarding the renewal of my corporation at either address.

Should you have any questions, please contact me at (305)720-3789.

Sincerely



Gato Oliva