

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000182

FILED

00 OCT 25 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000061665

1. Corporation Name

OT HOLDINGS #1, INC.

Principal Place of Business

Mailing Address

3892 PROPECT AVE. SUITE #7
RIVIERA BEACH FL 33404

3892 PROPECT AVE. SUITE #7
RIVIERA BEACH FL 33404



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1045948

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	O'CONNOR, FRANK S	15 GRAND BAY CIRCLE	JUNO BEACH FL 33408
D	TEETS, F. DAVID	1384 PRIMROSE LANE	WELLINGTON FL 33414
D	TAYLOR, JOSEPH E III	13635 MAILARD WAY	PALM BEACH GARDENS FL 33418

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEETS, F DAVID
3892 PROPECT AVE, SUITE #7
RIVIERA BEACH FL 33404

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

REGISTERED AGENT MUST SIGN

Date 10/19/00

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)(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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00
Date

561-863-7349
Daytime Phone #