

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN -5 PM 3:51

DOCUMENT #

1. Corporation Name

PA9000063048
OGMA Financial Services Inc

REINSTATEMENT 01-03

2. Principal Office Address

9808 Liberty Rd
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 880472
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33434 Palm Bch

Zip

33488 Palm Bch

900025942419

01/05/04--01002--018. **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

7-15-1999

5. FEI Number

65-0928850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DIANN L LYONS

Street Address (P.O. Box Number is Not Acceptable)
9808 Liberty Rd

Suite, Apt. #, Etc.

City BOCA RATON

State
FL

Zip Code
33434

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

DIANN L LYONS

REGISTERED AGENT MUST SIGN

Date 12/31/03

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
PST	DIANN L LYONS	9808 LIBERTY RD	BOCA RATON FL 33434

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:

DIANN L. LYONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/03

Daytime Phone #

561-213-2620

CR2E081 (10/02)