PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 FEB 22 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S42352

1. Corporation Name
OPMONIES, INC.

Principal Place of Business
2301 W SAMPLE ROAD
POMPANO BEACH, FL 33073

Mailing Address
2301 W SAMPLE ROAD
POMPANO BEACH, FL 33073

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

2. New Principal Office Address, If Applicable
1310 PARK CENTRAL BLVD SO
Suite, Apt. #, etc
City & State
POMPANO BEACH, FL
Zip 33064 Country BROWARD

3. New Mailing Office Address, If Applicable
1310 PARK CENT BVD SO
Suite, Apt. #, etc
City & State
POMPANO BEACH, FL
Zip 33064 Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida
3/28/1991

5. FEI Number
65-0258128
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED X
$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JAMES S. PAGANO	1310 PARK CENTRAL BVD SO	POMPANO BEACH, FL 33064

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-02/26/99--01113--001
****908.75 408.75

REINSTATEMENT 98-99 B 2/24/99

8. Name and Address of Current Registered Agent
JAMES S. PAGANO
1310 PARK CENTRAL BLVD SOUTH
POMPANO BEACH, FL 33064

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
REGISTERED AGENT MUST SIGN
Date 2/9/1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑
(See other side for information on intangible tax.)

12. 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: JAMES S. PAGANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/9/1999
Daytime Phone # (954)972-9833

CR2E081 (12/98)