

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 OCT -4 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S42352**

**1. Corporation Name**

OPMONIES, INC.

2001 N.W. 25TH AVENUE

2001 N.W. 25TH AVENUE

**2. Principal Office Address**

2001 N.W. 25TH AVENUE

**3. Mailing Office Address**

2001 N.W. 25TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

U.S.

Zip

33069

Country

U.S.

**4. Date Incorporated or Qualified**

To Do Business in Florida **APRIL 1, 1991**

**5. FEI Number**

65-0258128

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

JAMES S. PAGANO

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

2001 N.W. 25TH AVENUE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

**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

REGISTERED AGENT MUST SIGN

Date **9/21/04**

**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
P	JAMES S. PAGANO	2001 N.W. 25TH AVENUE	POMPANO BEACH, FL 33069

500041637005  
10/06/04--01020--019 \*\*300.00

**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

Date **9/21/04**

**954-972-9833**

Daytime Phone #

CR2E081 (01/04)

40440057720

**OPMONIES, LTD.  
OPMONIES, INC.  
James S. Pagano, President  
2001 N.W. 25<sup>th</sup> Avenue  
Pompano Beach, FL 33069**

September 15, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Limited Partnership and Corporate Reinstatements

Dear Sir or Madam:

Enclosed please find the following:

1. Limited Partnership Reinstatement for Opmonies, Ltd. (the "Partnership"); and
2. Corporate Reinstatement for Opmonies, Inc. (the "Corporation").

Although I am aware that these filings are being received later than May 1, 2004, I respectfully request that any and all penalty fees be waived for each entity. As President of the Corporation, which is the general partner of the Partnership, I never received notification from the State that an annual report needed to be filed for either entity. Enclosed please find two checks, each in the appropriate amounts (less any penalties) for the reinstatements of the Partnership and Corporation.

Please notify me if you have any questions or require additional information. Thank you for your assistance in this matter.

Very truly yours,

OPMONIES, LTD., a Florida limited  
partnership

By: OPMONIES, INC., a Florida corporation,  
its general partner

  
By: James S. Pagano, President

Enclosures