

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

79.101c

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 MAY 22 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 546389

1. Corporation Name

OFFICIAL MERCHANDISE, INC

2. Principal Office Address

2963 GULF-TO-BAY BLVD

Suite, Apt. #, etc.

250

City & State

CLEARWATER, FL

Zip

33759

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-17-91

5. FEI Number

59-3100375

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

ROSS REBACK

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

2963 GULF-TO-BAY BLVD.

Suite, Apt. #, Etc.

250

City

CLEARWATER.

State

FL

Zip Code

33759

600003274786-1

-06/02/00-01021-013

****450.00 ****450.00

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

X [Signature]

Date 5-18-00

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
OPST	ROSS REBACK	2963 GULF-TO-BAY #250	CLEARWATER, FL 33759

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-00

Date

727.712.8500

Daytime Phone #

CR2E081 (9/99)



Pg. 2 of 2

May 18, 2000

Ms. Michelle Milligan
FLORIDA DEPT. OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ms. Milligan,

It was a pleasure speaking to to you today. Please see enclosed; our completed forms for reinstatement of BOTH: **OFFICIAL MERCHANDISE, INC. and OFFICIAL LEASING, INC.**

As we previously spoke about, since our offices have moved from the address stated on old forms, we had never recieved the paperwork to keep these current.

Please also see enclosed, **(2) checks for \$ 450.00** one for each company for our back-dues.

Thank you for you cooperation in this matter.

Sincerely,

Robert Reback
Vice President

RR/ms
Enclosures