

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

97 JAN -6 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S78551

1. Corporation Name

OLISCHAR ENTERPRISES, INC.

Principal Place of Business Mailing Address  
20837 DEL LUNA DRIVE 20837 DEL LUNA DRIVE  
BOCA RATON FL 33433 BOCA RATON FL 33433



REINSTATEMENT 96 a10

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

2. New Principal Office Address, If Applicable 3929 Ponce de Leon Blvd Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 3929 Ponce de Leon Blvd Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/30/1991	
City & State CORAL GABLES, FLA		City & State CORAL GABLES FLA		5. FEI Number 65-0298456	
Zip 33134		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
STD	OLISCHAR, NIKOLAUS	20837 DEL LUNA DR	BOCA RATON FL
PD	OLISCHAR, HEINRICH	20837 DEL LUNA DR	BOCA RATON FL
STD	OLISCHAR NIKOLAUS	C/O 3929 Ponce de Leon Blvd	Coral Gables Fla 33134
P	ANNA MARIA OLISCHAR	C/O 3929 Ponce de Leon Blvd	Coral Gables Fla 33134
			500002052955--3
			-01705797--01091--009
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

OLISCHAR, HEINRICH  
20837 DEL LUNA DRIVE  
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name  
CHRISTOPHER M. RUNDLE  
Street Address (P.O. Box Number is Not Acceptable)  
3929 Ponce de Leon Boulevard  
Suite, Apt. #, Etc.  
City  
CORAL GABLES  
State  
FL  
Zip Code  
33134

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

Date 1.2.97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Heinrich Olischar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AGENT OR DIRECTOR

1.2.97

305.569.9988

CH2E010 (7/96)