

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **578551**

1. Corporation Name

OLISCHAR ENTERPRISES, INC.

2. Principal Office Address

2655 LE JEUNE ROAD

3. Mailing Office Address

2655 LE JEUNE ROAD

Suite, Apt. #, etc.

1108

Suite, Apt. #, etc.

1108

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES, FLA

Zip

33134

Country

USA.

Zip

33134

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1991

5. FEI Number

650298456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER M. RUNDLE

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

2655 LE JEUNE ROAD

Suite, Apt. #, Etc.

1108

200024208652

10/28/03--01054--018 **12 8.75

City

CORAL GABLES

State

FL

Zip Code

33134

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

Date **10-22-2003**

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 |
|-------------|--------------------------------------|---|------------------------------------|
| P.D. | ANNAMARIA OLISCHAR | 2655 LE JEUNE RD. # 1108 | CORAL GABLES, FLA 33134 |
| V.D. | NIKOLAUS OLISCHAR | 2655 LE JEUNE RD. # 1108 | CORAL GABLES, FLA 33134 |
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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:

ANNA MARIA OLISCHAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANNA MARIA OLISCHAR

Date **10-22-03**

(754) 569 9988
Daytime Phone #

CR2E081 (10/02)

21 11/3