

APPLICATION
FOR
REINSTATEMENT



APPROVED
AND
FILED

DOCUMENT # S 80457

OVERSEAS TRADING COMPANY OF
OCALA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7111 GRAND NATIONAL DR 7111 GRAND NATIONAL DR
SUITE 106 SUITE 106

ORLANDO, FL 32819 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

7111 GRAND NATIONAL DR
Suite, Apt. #, etc.

7111 GRAND NATIONAL DR
Suite, Apt. #, etc.

50175 106

SUITE 106

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip 32819

Country USA

Zip
32819

Country USA

59-3085357

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required
for a Certificate of Status

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
D/P	CARLOS AUGUSTO BATALHA	8701 SOUTH BAY DRIVE	ORLANDO, FL 32819
			500002174115--7 -05/09/97--01150--010 ***1080.00 ***1080.00 5/2/97
		REINSTATEMENT	95-97 A. Alan

9. Name and Address of New Registered Agent

JOHN C. TRENTMAN
207 N. MAGNOLIA AVE
OCALA, FL 32670

Name
CARLOS AUGUSTO BATALHA
Street Address (P.O. Box Number is Not Acceptable)
8701 SOUTH BAY DRIVE
Suite, Apt. #, Etc.

City
ORLANDO

State FL	Zip Code 32819
--------------------	--------------------------

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 Carlos Batalha CARLOS BATALHA

Date 4/29/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

4/29/97 (407) 354-0929
Date Daytime Phone #

CF2E040 (B/S4)