

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 23 PM 1:03:00

2002
CORPORATION
REINSTATEMENT
DOCUMENT # V 52 774

1. Corporation Name

OLIN PROPERTIES OF TALLAHASSEE
INC

2. Principal Office Address

2600 Lucerne Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. 180190

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32318

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3136687

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

Olin R. Grantham

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

2600 Lucerne Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

Olin R. Grantham
REGISTERED AGENT MUST SIGN

Date 10-21-02

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.	Olin R. Grantham (P)	2600 Lucerne Dr.	Tall, FL 32303
V	Jan Sato	2600 Lucerne Dr.	Tall, FL 32303

800008548798
10/23/02--01042--018 **150.00

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

Olin R. Grantham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olin R. Grantham 10-21-02

Date

5627112

Daytime Phone #

CR2E081 (9/01)



OLIN
PROPERTIES
OF TALLAHASSEE
P.O. BOX 180190
TALLAHASSEE, FL 32318
(850) 562-7112
FAX (850) 562-3569
OLIN GRANTHUM
PRESIDENT

October 21, 2002

To Whom It May Concern:

Olin Properties of Tallahassee, Inc. never received the Uniform Business Report for the 2001-2002 year due to an address change. The mail should have been forwarded as we had the address change in effect for twelve months, however due to circumstances out of our control, the post office did not forward this report to us. We apologize for the inconvenience and appreciate your understanding in this matter.

Should you have any questions, feel free to call our operations manager at (850) 562-7112, her name is Kelly MacDonald.

Sincerely,

A handwritten signature in cursive script, appearing to read "Olin Granthum", is written over the typed name.

Olin Granthum
Olin Properties of Tallahassee, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 23 PM 1:04