

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **448780**

1. Corporation Name
ORFIN IMPORTS INC.

99 MAR 17 AM 10:49
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**4225 FILLMORE ST.
 HOLLYWOOD, FL. 33021**

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: **5-17-74**

5. FEI Number: **59-2358285**

6. CERTIFICATE OF STATUS DESIRED []

Applied For: Not Applicable

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
VP	MICHAEL A ORFIN	4225 FILLMORE ST.	HOLLYWOOD, FL. 33021
S	ANGELINE ORFIN	4225 FILLMORE ST.	HOLLYWOOD, FL. 33021
P	ANTHONY ORFIN	4225 FILLMORE ST.	HOLLYWOOD, FL. 33021

600002821186-4
 -03/23/99-01003-015
 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

**ORFIN, ANTHONY
 4225 FILLMORE ST.
 HOLLYWOOD, FL. 33021**

9. Name and Address of New Registered Agent

Name: **MICHAEL A ORFIN**
 Street Address (P.O. Box Numbers Not Acceptable): **4225 FILLMORE ST.**
 Suite, Apt. #, Etc.:
 City: **HOLLYWOOD** State: **FL** Zip Code: **33021**

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: **Michael A. Orfin**
 REGISTERED AGENT MUST SIGN

Date: **3-11-99**

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 607.0461 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)(b), 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: **Michael A. Orfin** MICHAEL A. ORFIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-11-99** Daytime Phone: **954-433-3845**