2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 MAR 30 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009784

1. Entity Name
O.R.D.P., INC.

Principal Place of Business	Mailing Address
435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	POST OFFICE BOX 611663 NORTH MIAMI, FL 33161

11152004 REIN-NP CR2E099 (6/04) MRS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Little River Historical Cultural & Edc.
Street Address (P.O. Box Number is Not Acceptable): 7521 N.W. 3 Ave - Suite # 1A
City: Miami FL Zip Code: 33150

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lorna Shuford Date: March 24, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $236.25
After January 1, 2005, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUFORD, LORNA 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04-05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACCIUS, WILNER 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600043748356 12/30/04--01044--011 **236.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUDIN, LAVARIS 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400050752014 04/14/05--01017--010 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRUDENT, PAMELA 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AUGUSTIN, JOSEPH 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHEREFRERE, MICHEL 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Augustin 12-28-04 (305)244 7079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #