PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	FLOI	ORIDA DEPARTMEN' Secretary of St DIVISION OF CORPORA	ate		FILED 7 MAR 28 PM 1:5		
DOCUMENT # N 93000 GO 1422_ 1. Corporation Name					1;	ALI.ANASSEE, FLORI	AGi	
RIVIERA of ORUMBO HOMEOWNERS ASSOCIATION								
7403	Office Address - No P.O. B	R. P.	Mailing Office Address 2 0 . Box 72 1 52	25	RE!?	CR2E081 (1/07)		
			e, Apt. #, etc.			ncorporated or Qualified Business in Florida 3/26/1993		
ONUMBO, FL.			ORUMDO, FC.		5. FEI Number Applied For 99 – 3/88 356 Not Applicable			
		45 Zip 32	219 Country 32872-1525 ORDAGE		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					_31PV	/		
Name Juan Uslentin					the reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Street Address (P.O. Box Number is Not Acceptable). 7403 MARSCILLE CIRCLE								
Suite, Apt. #, Etc.								
City O	202100		State FL	Zip Code 32822	lee be walved.			
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								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles		me of d/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
P	Juan Va	lentra	7407 M	7403 Marselle Circle		Orlanso/Pa	1/32822	
VP	Omen Go	ncia	7412 M	7412 Masalle Cicle		decenso/Pl	_/ 32822	
TR	TATA RA	mos	2440 M	2440 Morselle Circle		onconso/ PC/ 32822		
SEC.	BELINDA 1	GARCIÀ	7365 A	7365 Marselle Cacle		orionso/ PC	132822	
D	ENRIQUE DIAZAL		7416 W	7416 marselle Grele		orunou/ PC,		
D	30009893 94/05/0701049011 **305.25							
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 filling 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 contained in Chapter 119, 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:								
SIGNATURE: 1000 0000 0000 0000 0000 0000 0000 00								