

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002599

1. Corporation Name

**THE ORGANIZATION FOR RESIDENCY AND CITIZENSHIP
IN AMERICA (ORCA), INC.**

Principal Place of Business

Mailing Address

2320 N.W. 115 DRIVE
CORAL SPRINGS FL 33065

PO BOX 934458
MARGATE FL 33093

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
00 DEC 28 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		05/06/1998	SP
5. FEI Number		65-0834738	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4 City / State / Zip
P	MAHARAJ, JAGRAM R	2320 NW 115 DRIVE	CORAL SPRINGS F; 33065
VP.	BABOOLAL, RICKY	2139 NW 45 AVE	COCONUT CREEK FL 33066
S	CADOGAN, ROY	6060 NW 42 WAY	COCONUT CREEK FL 33073
D	OVIDO-REYES, ALFONSO	8370 WEST FLAGLER ST., SUITE 110	MIAMI FL 33144
D	LALTOO, ALLAN	226 GLENN PARKWAY	HOLLYWOOD FL 33021
T	GUTIERREZ, AUGUSTO	411 SW 128 AVE	PEMBROKE PINES FL 33027

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAHARAJ, JAGRAM S
2320 NW 115 DR
CORAL SPRINGS FL 33065

Name			
Street Address (P.O. Box Number is Not Acceptable)	208003532642--8		
Suite, Apt. #, Etc.	-01/11/01--01042--005		
City	****236.25	****236.25	FL
	State	Zip Code	

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date DEC. 21 - 2000

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAGRAM S. MAHARAJ

12-21-00 954-341-7915
Date Daytime Phone #

CR2E040 (8/00)