

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 17 PM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021039

1. Corporation Name

ORFRA, INC

2. Principal Office Address

7850 NW 146 ST

Suite, Apt. #, etc.

419

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

3. Mailing Office Address

7850 NW 146 ST

Suite, Apt. #, etc.

419

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

300065190873

02/06/06--01010--016 **450.00

CR2E0B1 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

02-29-00

5. FEI Number

65-9785709

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

FRANK LOPEZ

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

7850 NW 146 ST

Suite, Apt. #, Etc.

419

City

MIAMI LAKES

REINSTATEMENT OK-OK

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FRANK LOPEZ	7850 NW 146 ST # 419	MIAMI LAKES, FL 33016
S	SAILY FERNANDEZ	7850 NW 146 ST # 419	MIAMI LAKES, FL 33016

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 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]

FRANK LOPEZ

(780) 285-2580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

M.W

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005 AND IM ALSO INCLUDING 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



FRANK LOPEZ
PRESIDENT