

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED

02 DEC 18 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000047264

1. Corporation Name

Orgal Enterprises Inc

2. Principal Office Address

2316 N RIO GRANDE

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32804

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3718138

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

ORI KANTOR

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

2316 N RIOGRANDE AVE

Suite, Apt. #, Etc.

300009417829

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City

Orlando

State

FL

Zip Code

32804

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12/4/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	ORI KANTOR, Pres	2316 N. RIOGRANDE AVE	Orlando, FL 32804

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

12/4/02

Daytime Phone #

CR2E001 (9/01)

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: Waiving of Reinstatement fee for Orgal Enterprises, Inc.

To Whom It May Concern:

Please find enclosed a reinstatement application for Orgal Enterprises, Inc. and a check in the amount of \$150.00.

As per phone conversation we never received the annual report forms for this year, the officer I spoke to even informed me that the first notice was returned to your offices, we're not sure where the second notice ended up, but we never received it, reason for this letter as to waive the reinstatement fee of \$750.00.

If you have any questions please feel free to contact me at 407/947-5035.

Thank you,



Ori Kantor
President