


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC -7 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000012145 1. Entity Name ORLANDO INVESTMENTS CORP.	
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Principal Place of Business C/O SANTIAGO STEED,FORTUNE INTERNATIONAL 1300 BRICKELL AVE MIAMI, FL 33131 US	Mailing Address C/O SANTIAGO STEED,FORTUNE INTERNATIONAL 1300 BRICKELL AVE MIAMI, FL 33131 US
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REINSTATEMENT 04

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11232004 REIN-P CR2E098 (6/04) th

City & State	City & State
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4. FEI Number 20-1786507	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI, FL 33131

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
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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 *Milagros Sanchez* Milagros Sanchez 11/22/04 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	PS BLUM, ALICE <input type="checkbox"/> Delete
NAME	1300 BRICKELL AVENUE
STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete
NAME	BLUM, VIVIAN
STREET ADDRESS	1300 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T <input type="checkbox"/> Delete
NAME	BLUM, MARICEL
STREET ADDRESS	1300 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100042523251
 11/05/04--01046--007 **750.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: *Maricel Blum* Maricel Blum 11/22/04 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-179-5880