

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 15 AM 10:49

DOCUMENT # P10000039539
1. Corporation Name

Orlando Finance Inc.

2. Principal Office Address - No P.O. Box # 330 East Central Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32801	Country USA	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
5/06/2010

5. FEI Number
27-2562354

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

State, Apt. #, Etc.

City
Tallahassee,

State
FL

Zip Code
32301-2525

300267455853

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 Emily Gray Date 12/15/14
Asst. Vice President
REGISTERED AGENT MUST SIGN

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
P & T	Per Olov Otterhäll	Tegnérgatan 4,3 tr.,	S-113 58 Stockholm, Sweden
Sec	Eduardo Torres	Padre Rafael Elizeche #1562,	Estrella Asuncion, Paraguay 1645

10. E-mail Address: advokat@otterhall.se
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE: Per Olov Otterhall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS