

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000014775

1. Corporation Name

OCHARGO, INC.

Principal Place of Business

8004 NW 154 ST  
MIAMI LAKES FL 33016  
US

Mailing Address

8004 NW 154 ST  
MIAMI LAKES FL 33016  
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1996

SP

5. FEI Number

65-0647815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 7. Additional Fee required  
for Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	OCHOA, IVAN D	10340 S.W. 154TH PLACE #41	MIAMI FL 33198
VDST	ARGUELLO, RODRIGO	10340 S.W. 154TH PLACE #41	MIAMI FL

8. Name and Address of Current Registered Agent

VENTURA, ENRIQUE J  
999 PONCE DE LEON BLVD.  
SUITE 1110  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
Rodrigo Arguello  
Street Address (P.O. Box Number is Not Acceptable)  
8004 NW 154 ST  
Suite, Apt. #, Etc.

City  
Miami, FL

State  
FL

Zip Code  
33016

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 11/14/99

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

Date

Daytime Phone #

11/14/99 (305) 512-3646