

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED


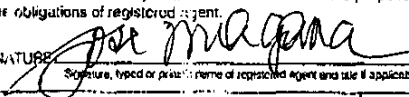
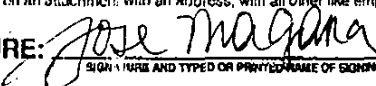
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-05

TL

DOCUMENT 1. Entity Name P98000067926 ORANGE IMPORT EXPORT CORP.			
Principal Place of Business 8550 W. Flagler Street #111 Miami, Fl. 33144		Mailing Address 8550 W. Flagler Street #111 Miami, Fl. 33144	
2. Principal Place of Business 8550 W. Flagler State, Apt. #, etc. 111 City & State Miami, Fl Zip 33144		3. Mailing Address 8550 W. Flagler Suite, Apt. #, etc. 111 City & State Miami, Fl. Zip 33144 Country USA	
4. FEI Number 05-1238015		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Scott Villanueva 7500 N.W. 25th Street #209 Miami, Fl. 33122		7. Name and Address of New Registered Agent Name Jose M. Magana Street Address 8550 W. Flagler Street #111 City Miami, FL Zip 33144	
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:  JOSE M. MAGANA 1/2/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE is \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation is notified by this filing.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President/Trs/Dir <input type="checkbox"/> Delete Jose M Magana 9930 Kamina Circle Boynton Beach, Fl 33436	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800044527798 01/11/05--01037--019 **1650 00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Isabel Brown <input type="checkbox"/> Delete Sec/VP/Dir 9930 Kamina Circle Boynton Beach, Fl. 33436	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and stated 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 so appears in Block "A" Block "B" if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  J.M. Magana		Date 1/2/05 561-734-6194	