

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 18 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 569954

1. Corporation Name

Oromar Co.

2. Principal Office Address - No P.O. Box #

406 NW 22nd Ave.

Suite, Apt. #, etc.

Apt. 702

City & State

Miami, FL

Zip

33125

Country

USA

3. Mailing Office Address

406 NW 22nd Ave.

Suite, Apt. #, etc.

Apt. 702

City & State

Miami, FL

Zip

33125

Country

USA

REINSTATEMENT 98-08  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1978

5. FEI Number

591843214

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

Danielle Beckley

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

406 NW 22nd Ave.

Suite, Apt. #, Etc.

Apt. 702

City

Miami

State

FL

Zip Code

33125

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Danielle Beckley

Date

11/17/08

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	Danielle Beckley	406 NW 22nd Ave. Apt. 702	Miami, FL 33125

300138256483  
11/25/08--01015--002 \*\*1650.00

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 contained in Chapter 119, 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:

Danielle Beckley Danielle Beckley

Date

11/17/08

Daytime Phone #