PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

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

FILED
00 FEB 16 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 616725

1. Corporation Name
Orly Investments, Inc.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7508 w. Treasure Dr. | 7508 w. Treasure Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: North Bay Village | City & State: North Bay Village |
| Zip: FL. 33141 | Zip: FL. 33141 |
| Country | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 4-06-1979

5. FEI Number: 65-0037172 ☐ 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: Armand Abecassis

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Street Address (P.O. Box Number is Not Acceptable): 7508 w. Treasure Dr.

Suite, Apt. #, Etc.:

City: North Bay Village State: FL Zip Code: 33141

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: _____ Date: 2-15-2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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 |
|---|---|---|---|
| Pres. Sec. | Armand Abecassis | 7508 W. Treasure Dr. | North Bay Village FL. 33141 |
| | | | |
| | | | |
| | | | |
| | | | |

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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 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:** _____ 2-15-2000 305-861-3959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-15-2000

FL. Department of State

Enclose you will find a form for reinstatement of Orly Investment Inc. with a check for the amount of $1,572.50. I request that the late fee be waived since we didn't received any letter to renew the Corporation in 1990 or at anytime afterward.

I also enclose a check for $8.75 for a certificate of Status.

Thank you for your help in this matter. If you have any question I can be reached at 305-861-3959.

Sincerely

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