

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 18 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F64890

**1. Corporation Name**

ORANGE RIDGE EAST INC.

**2. Principal Office Address**

6515 N.W. 22 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33142

Country

DAVE

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-2447742

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$375 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-02

**7. Name and Address of Current Registered Agent**

Name

Johnnie Williams JR

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

6515 NW 22 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

400005182144-1

-04/02/02-01021-025

\*\*\*\*900.00 \*\*\*\*900.00

**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

Johnnie Williams JR  
JOHNNIE WILLIAMS JR  
REGISTERED AGENT MUST SIGN

Date 3-22-02

**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	Johnnie Williams JR	6515 NW 22 Ave	Miami, FL 33142

**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:**

Johnnie Williams JR  
JOHNNIE WILLIAMS JR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-22-02

Daytime Phone #

305-836-8345

CR2E081 (9/01)