APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary State

DOCUMENT #

F95000003208

1. Corporation Name

ORLAN US IMPORTS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

639 CLEVELAND ST., STE. 200

639 CLEVELAND ST., STE. 200

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



CLEARWATEN FL 34615 CLEARWAIER FL 34615				E HORNING HILE CONTINUENT ORTHER BONG BONG BONG THAT FIRM BONG THAT FOR THE FORM			
If above addresses are incorrect in any way, line	hrough incorrect is	nformation and ent	er correction below.				
2. New Principal Office Address, If Applicable	ing Office Address	, If Applicable	Date Incorporated or Qualified To Do Business in Florida 07/05/1995				
Suite, Apt. #, etc. Suite, Ap 315A NIG I CAWO TO AUS 215 N		, etc. <u>പ്രവധാ</u> ദ	ood Ave.	5. FEI Number 59-3275563		Applied For	
City & State	City & State	City & State				Not Applicable	
Clarry ater FL Zip Country 33755	Zip 3375	Cou	ntry	6. CERTIFICAT		Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer ar	d/or Director (Flo	, 		<u>_</u>			
Title(s) Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		r City / State / Zip			
-CPS VANLEUVEN, FLORENCE		-639 CLEVEL	ND ST., STE: 200	CLEARWATER FL 34615			
CPS Florance VANL	auven	215 N	Glanwo	od Ave	Cleanvater	FL 33755	
				61	000035083 -12/20/00010	1867 180027	
		· · · · · · · · · · · · · · · · · · ·				***1350.00	
			MOM	EWEN	96-001	3	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
VANLEUVEN, FLORENCE 639 CLEVELAND ST., STE. 200 CLEARWATER FL 34615			Name Florance VanLeuven Street Address (P.O. Box Number is Not Acceptable) 215 N. G. Len wood Ave Suite, Apt. #, Etc.				
			CIRACL	nate	r FL	Zip Code 33755	
Signature of Registered Agent	e dan	CUULUI BENT MUST SIGN	WIRED	Diligations of Sec	Date	en 28,00	
11. Does this corporation pay Dept. of Revenue under S	any intang 5. 199.032,	gible tax to Florida Sta	the atutes. Yes	⊠ No □	(See other side to on intangil		
12. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis owed by the corporation have been paid and th on this application is true and accurate, and my	esolution has been e names of individ	n eliminated, the co duals listed on this	rporate name satisfies form do not qualify for	the requirement an exemption u	s of section 607,0401 or 617,040	I, F.S., that all fees	
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