

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000006092

1. Corporation Name

ORION TELECOMMUNICATIONS CORP OF NEW YORK

Principal Place of Business

Mailing Address

40-21 BELL BLVD  
BAYSIDE NY 11361

40-21 BELL BLVD  
BAYSIDE NY 11361

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4v-40 Bell Blvd.

Suite, Apt. #, etc.

City & State BAYSIDE N.Y.

Zip 11361 Country USA

3. New Mailing Office Address, If Applicable

4v-40 Bell Blvd.

Suite, Apt. #, etc.

City & State BAYSIDE NY

Zip 11361 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

11/02/1998

5. FEI Number

08-1507207

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	SICILIAN, PETER P	40-21 BELL BLVD	BAYSIDE NY
VD	SUTTON, JAMES C	40-21 BELL BLVD	BAYSIDE NY
S	DAY, DAVID J	40-21 BELL BLVD	BAYSIDE NY
CD	SICILIAN JR, PETER P	40-21 BELL BLVD	BAYSIDE NY
D	OGLBY, JOHN	9300 NW 38TH STREET	MIAMI FL
D	ZARB, JOSEPH	16203 SAN IGNACIO AVE STE 240	SAN JOSE CA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE  
TALLAHASSEE FL 32301

Name  
Street Address (P.O. Box Number is Not Allowed) 888883078588-6  
Suite, Apt. #, Etc. 12722/99-01094-004  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Guema M. Howarth, Asst. Secy.  
REGISTERED AGENT MUST SIGN

Date

12-9-99

11. 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:

JAMES C. SUTTON  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/99

718-631-5600