

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 16 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H11931

1. Corporation Name

ORCA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1177 KANE CONCOURSE
SUITE 222
BAY HARBOR ISLAND FL 33154
US

6535 ALLISON RD.
HOUSE
MIAMI BCH. FL 33141
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1984

299 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 521

City & State

City & State

CORAL GABLES

FLORIDA

Zip

Zip

Country

33134

US

5. FEI Number

59-2429343

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ABARRATEGUI, FEDERICO	6535 ALLISON RD.	MIAMI BEACH FL
STD	ABARRATEGUI, SILVIA	6535 ALLISON RD.	MIAMI BCH. FL

REINSTATEMENT 96-97

6-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABARRATEGUI, FEDERICO
6535 ALLISON RD.
MIAMI BCH. FL 33141

Name

300002215893--2

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

6/11/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/97 305 5672605