


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # H74227</b> 1. Entity Name ORLANDO HOSE & FITTINGS, INC.	
---	---

Principal Place of Business 5627 COMMERCE DRIVE ORLANDO, FL 32839	Mailing Address 5627 COMMERCE DRIVE ORLANDO, FL 32839
---	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---


City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

FILED

2006 OCT 16 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122006 REIN-P CR2E098 (11/05)

4. FEI Number <b>59-2576772</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  BENNETT, EDWARD E 5627 COMMERCE DRIVE ORLANDO, FL 32839	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete BENNETT, EDWARD E. 5627 COMMERCE DRIVE ORLANDO, FL
TITLE	STD <input type="checkbox"/> Delete BENNETT, EVELYN A. 5627 COMMERCE DRIVE ORLANDO, FL
TITLE	EV <input type="checkbox"/> Delete BENNETT, BRADLEY W 5627 COMMERCE DR ORLANDO, FL
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>E00080881006</b>
STREET ADDRESS	<b>10/16/06--01051--010 **158.75</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** Evelyn Bennett **EVELYN BENNETT** 10/07/06 407-851-9534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #