PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 APR -5 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 48779

Corporation Name
ORIE ENTERPRISES, INC.

2. Principal Office Address	3. Mailing Office Address
200 S. BISCAYNE BLVD.	200 S. BISCAYNE BLVD.
Suite, Apt. #, etc. #2410	Suite, Apt. #, etc. #2410
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country U.S.A.	Zip 33131 Country U.S.A

REINSTATEMENT 96-80

4. Date Incorporated or Qualified To Do Business in Florida 02/09/90

5. FEI Number 65-0359440 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name MARK BISBING

700003207741--4
-04/13/00--01035--010
***1350.00 ***1350.00

Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD.

Suite, Apt. #, Etc. #2410

700003207741--4
-04/13/00--01035--011
*****8.75 *****8.75

City MIAMI State FL Zip Code 33131

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.

Agent _____ Date 3/30/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/98)

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
STD	ORIENTE ISSA	16 SEYMOUR AVE	KINGSTON 10, JAMAICA

KE

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: _____ (ORIENTE ISSA) MARCH 28'00 (876) 978-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #