

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M 63081

**1. Corporation Name**

ORION DISTRIBUTORS CORP.  
7050 N.W. 77 CT  
MIAMI, FL. 33166

**2. Principal Office Address**

7050 N.W. 77 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

**3. Mailing Office Address**

7050 N.W. 77 CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

**REINSTATEMENT**

96-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-30-1987

**5. FEI Number**

65-0354396

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

DE FREITAS FILIPE

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

7050 N.W. 77 CT

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33166

**8. 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.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date OCT 31. 2000

**9. 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
S.	DE FREITAS, FILIPE	7050 N.W. 77 CT.	MIAMI FL-33166
P.	DE FREITAS, GONCALO	7050 N.W. 77 CT.	MIAMI FL-33166
D.	DE FREITAS, FATIMA	7050 N.W. 77 CT	MIAMI FL-33166

**10. 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:

FILIPES, DE FREITAS

OCT 31. 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE FREITAS, FILIPE

Date

Daytime Phone #