

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -2 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NOZ 000008298

1. Corporation Name

ORLANDO MASTERS
CRICKET CLUB INC.

500167841475

02/03/10--01001--009 **253.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

400 S OBSERVATORY DR.

Suite, Apt. #, etc.

3. Mailing Office Address

400 S OBSERVATORY DR.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA.

Zip

32835

Country

USA

City & State

ORLANDO FLORIDA.

Zip

32835

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2002

5. FEI Number

03-0490432

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

ONGKAR NARINE.

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

400 S OBSERVATORY DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

ONGKAR NARINE
REGISTERED AGENT MUST SIGN

Date FEB 2nd 2010

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
<u>PRES</u>	<u>ONGKAR NARINE</u>	<u>400 S OBSERVATORY DR</u>	<u>ORLANDO FL 32835</u>
<u>SECT</u>	<u>ROHIT NARINE</u>	<u>400 S OBSERVATORY DR</u>	<u>ORLANDO FL 32835</u>
<u>TRES</u>	<u>AYUB KHAN</u>	<u>400 S OBSERVATORY DR</u>	<u>ORLANDO FL 32835</u>
			<u>132/2/10</u>
			<u>REINSTATEMENT 07-10</u>

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

ONGKAR NARINE

ONGKAR NARINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 2nd 2010

Date

Daytime Phone #

(407) 435 4702