


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|--|-----------------------------------|---|----------------------|
| DOCUMENT # 756977 / N32532 | | | |
| 1. Corporation Name ORLANDO COMBINE, INC. | | | |
| 2. Principal Office Address - No P.O. Box # 800 BELVEDERE Rd Suite, Apt. #, etc. | | 3. Mailing Office Address 2755 KNOX MCRAE DR Suite, Apt. #, etc. | |
| City & State ORLANDO, FL Zip Country 32820 US | | City & State TITUSVILLE, FL Zip Country 32780 US | |
| 4. Date Incorporated or Qualified To Do Business in Florida 5/26/89 | | 5. FEI Number 59-2120949 Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED YES | | 58.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent Name JACKSON W. HOLDER JR. Street Address (P.O. Box Number is Not Acceptable) 2755 KNOX MCRAE DR. Suite, Apt. #, Etc. City TITUSVILLE State FL Zip Code 32780 | | | |
| 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 Jackson W. Holder Jr. Date 08/30/2013 REGISTERED AGENT MUST SIGN | | | |
| 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 |
| PD | JACKSON W. HOLDER JR. | 2755 KNOX MCRAE DR. | TITUSVILLE, FL 32780 |
| SD | RICHARD E. MECABES SR. | 742 N. COUNTY Rd 13 | ORLANDO, FL 32820 |
| TD | JACINTO VINDELA | 378 BEAVER Rd. | DSTEEN, FL 32764 |
| REINSTATEMENT 10 1999-2013 9/9/13 | | | |
| 10. E-mail Address: jayholder@cfl.rr.com (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | |
| SIGNATURE: Jackson W. Holder Jr. JACKSON W. HOLDER JR. 8/30/13 321-794-7672 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |