

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # N94000004592

1. Corporation Name

Orlando Branches steel Orchestra, INC.

7043 KENSINGTON HIGH BLVD
7043 KENSINGTON HIGH BLVD

2. Principal Office Address

7043 KENSINGTON HIGH BLVD

3. Mailing Office Address

7043 KENSINGTON HIGH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDA FLORIDA

Zip

32818

Country

ORANGE

Zip

32818

Country

ORANGE

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1994

5. FEI Number

95-3267989

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

YOLANDA EMMANUEL

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

7043 KENSINGTON HIGH BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32818

200039250862

07/16/04--01043--002 ***306.25

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

Yolanda Emmanuel
REGISTERED AGENT MUST SIGN

Date 07/14/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D P	EMMANUEL YZ. YOLANDA	7043 KENSINGTON HIGH BLVD	ORLANDO FL. 32818
V P	HARRYGIN ANGIE	7603 ST STEPHEN CT	ORLANDO FL. 32835
D F	THOMAS EMERALD	5013 DANNY BOY CIRCLE	ORLANDO FL. 32818
D S	HENDERSON LYNN	3706 CHARLES CT	ORLANDO FL. 32818
D T	TAYLOR CHARLES (111)	3706 CHARLES CT	ORLANDO FL. 32818

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)(l), 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:

Yolanda Emmanuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/2004

Date

407-292-8928

Daytime Phone #

CR2E081 (01/04)