

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000002599**

1. Corporation Name

**THE ORGANIZATION FOR RESIDENCY AND CITIZENSHIP
IN AMERICA (ORCA), INC.**

Principal Place of Business

Mailing Address

2320 N.W. 115 DRIVE
CORAL SPRINGS FL 33065

PO BOX 934458
MARGATE FL 33093

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1998

5. FEI Number

65-0834738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MAHARAJ, JAGRAM R	2320 NW 115 DRIVE	CORAL SPRINGS F; 33065
VP.	BABOOLAL, RICKY	2139 NW 45 AVE	COCONUT CREEK FL 33066
S	CADOGAN, ROY	6060 NW 42 WAY	COCONUT CREEK FL 33073
D	OVIEDO-REYES, ALFONSO	8370 WEST FLAGLER ST., SUITE 110	MIAMI FL 33144
D	LALTOO, ALLAN	226 GLENN PARKWAY	HOLLYWOOD FL 33021
T	GUTIERREZ, AUGUSTO	411 SW 128 AVE	PEMBROKE PINES FL 33027

8. Name and Address of Current Registered Agent

MAHARAJ, JAGRAM S
2320 NW 115 DR
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003532642--8

-01/11/01--01042--005

****236.25 ****236.25

FL

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **DEC. 21 - 2000**

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAGRAM S. MAHARAJ

12-21-00 954-341-7915

Date Daytime Phone #