

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 NOV 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000001650*

1. Corporation Name

ORAMAS MANAGEMENT, INC.

2. Principal Office Address

422 NE 29 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33137

Country

US

3. Mailing Office Address

422 NE 29 ST

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33137

Country

US

REINSTATEMENT

2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

1-6-2000

5. FEI Number

65-0973197

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

CYNTHIA ORAMAS

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

422 NE 29 ST 500009177295

Suite, Apt. #, Etc.

*11/22/02--01092--020 **\$900.00*

City

MIAMI

State

FL

Zip Code

33137

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 *11-14-02*

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
<i>P</i>	<i>CYNTHIA ORAMAS</i>	<i>422 NE 29st</i>	<i>MIAMI, FL. 33137</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-02 3055763144

Daytime Phone #