

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036576

1. Corporation Name

ORBOS, INC.

Principal Place of Business

6985 WEST BROWARD BLVD
PLANTATION FL 33317

Mailing Address

~~6985 WEST BROWARD BLVD~~
~~PLANTATION FL 33317~~



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2000

5. FEI Number

65-1002800

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
PD	BELL, PAMELA A	20715 SW 105TH CT	MIAMI FL 33169
VD	OSEJO, ALAN R	14460 SW 156TH AVE	MIAMI FL 33190
STD PSD	ORTIZ, PAOLA A	2600 SOUTH UNIVERSITY DRIVE APT 2600 S. University Drive, Apt 120	DAVIE FL 33328

600024568326
11/10/03--01085--009 **158.75

8. Name and Address of Current Registered Agent

ORTIZ, PAOLA
2600 SOUTH UNIVERSITY DRIVE
APT 120
DAVIE FL 33328

9. Name and Address of New Registered Agent

Name

Ortiz, Paola

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Paola A. Ortiz

REGISTERED AGENT MUST SIGN

Date

October 9th, 2003

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:

Paola A. Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 9th, 2003 (954) 829-4947

Daytime Phone #

CR2E040 (7/03)

October 9th, 2003

To: Florida Department of State

From: Paola Ortiz, Orbos, Inc.

Re: FEI # 65-1002800

Dear Representative:

I am sending this letter today because we had not received our annual report form.

In the past year we had a lot of changes. My partners sold their shares back to the company, so I am the only one authorized for Orbos, Inc.

I had to change our mailing address to a mailbox address because our business is a restaurant and too many people have access to our mail.

Our new mailing address is:

6919 W. Broward Blvd.

PMB # 313

Plantation, FL 33317

I apologize for the inconvenience, and I truly thank-you for your understanding.

Should you need to call me, please call my cell # (954) 829-4947.

Sincerely,

Paola a. Ortiz