

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 SEP 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000109085**

1. Corporation Name

Ondacel International, Inc.

REINSTATEMENT

04-06

CR2E081 (12/05)

2. Principal Office Address

6995 NW 82 AVE

Suite, Apt. #, etc.

40

City & State

miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

P.O. BOX 161332

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651060499

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

Ignazio Calagna

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

6995 N.W. 82 AVE

Suite, Apt. #, Etc.

40

City

miami

State

FL

Zip Code

33166

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

X *Ignazio Calagna*

REGISTERED AGENT MUST SIGN

Date

9/19/06

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	Ignazio Calagna	6995 NW 82 AVE #40	miami, Fl. 33166

400050221354
09/17/06--01048--008 **1050.00

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 contained in Chapter 119, 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:

X *Ignazio Calagna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/06

Date

786-262-5060

Daytime Phone #

9/25/06