

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 18 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113520

1. Corporation Name

Orkkom USA, Corp.

800007854618--3
-09/19/02--01087--003
****300.00 ****300.00

2. Principal Office Address

12939 SW 133 Court

Suite, Apt. #, etc.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Miami, FL 33186

City & State

Zip

33186

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-06-00

5. FEI Number

65-1075790

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

Suely Campanaro

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

12939 SW 133rd Court

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33186

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

Suely Campanaro

REGISTERED AGENT MUST SIGN

Date 09/16/02

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
P	Suely Campanaro	12939 SW 133 Ct.	Miami, FL 33186
VP	Jorge Demarco	12939 SW 133 Ct.	Miami, FL 33186

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:

Suely Campanaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/16/02

Date

Daytime Phone #

CR2E081 (9/01)

of 5/18/02

PAOLA M. SOTELO, P.A.

September 16, 2002

Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

**Re: Orkkom USA, Inc.
P00000113520**

To Whom It May Concern:

Enclosed please find the above mentioned corporation reinstatement form and a check in the amount of Six Three Hundred Dollars (\$300.00).

Please note that Orkkom's principal and mailing address has changed.

If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,



Paola M. Sotelo
For the Firm