

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 PM 4:37

REINSTATEMENT 03-04

DOCUMENT # P01000037410

1. Corporation Name
ORDAZ CORP.

2. Principal Office Address
11210 NW 61 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33178

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 4/12/2001

5. FEI Number
65-1142921

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
RAYMOND ZOMERFELD

Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON

Suite, Apt. #, Etc.
SUITE 1045

City
CORAL GABLES

State
FL

Zip Code
33134

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

[Signature]
REGISTERED AGENT MUST SIGN

Date *6/7/04*

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	RAYMOND ZOMERFELD	999 PONCE DE LEON	CORAL GABLES, FLORIDA 33134

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:

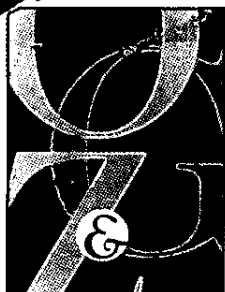
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/04
Date

305-444-8288

Daytime Phone #

CR2E081 (01/04)



OCARIZ, GITLIN
& ZOMERFELD, LLP
CERTIFIED PUBLIC ACCOUNTANTS

June 7, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ordaz Corp.
EIN# 65-1142921
Corporation Reinstatement

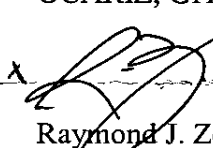
To Whom It May Concern:

Ordaz Corp. was Administrative Dissolved on September 19, 2003. Attached you will find the Corporation's Reinstatement Form with a check payable to the Department of State equal to \$300.00. As previously discussed, this Company filed and paid the \$150.00 annual fee for 2003 in a timely manner on April 9, 2003 and had assumed that everything was updated in your system. Apparently your department misplaced or lost their 2003 annual report with the payment.

Please update your records accordingly and reinstate the above Corporation for the 2003 and 2004 year. If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP


Raymond J. Zomerfeld, C.P.A.
For the firm

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Members of:

American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
National Association of
Certified Valuation Analysts