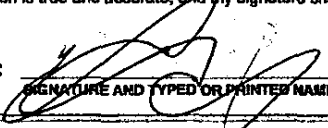


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>Pol 0000 43963</u>			
1. Corporation Name Astra Orion, Inc.			
2. Principal Office Address 650 Island Way, Suite, Apt. #, etc. #606 City & State Clearwater, FL Zip 33755 Country USA		3. Mailing Office Address 411 Cleveland Street Suite, Apt. #, etc. #135 City & State Clearwater, FL Zip 33755 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida December 5, 2001	
		5. FEI Number 65-1136704 ☐ Applied For ☒ Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☒	
7. Name and Address of Current Registered Agent			
Name Jaye Sikes			
Street Address (P.O. Box Number is Not Acceptable) 650 Island Way			
Suite, Apt. #, Etc. #606			
City Clearwater		State FL	Zip Code 33755
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 		Date April 6, 2004	
REGISTERED AGENT MUST SIGN			
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
PRESIDENT/DIRECTOR	Jaye D. Sikes	650 Island Way, #606	Clearwater, FL 33755
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: 		Jaye D. SIKES	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		April 6, 2004	323-702-1441

FILED

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

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