

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000063452**

**1. Corporation Name**

O BORRAS ENTERPRISES, INC.

**2. Principal Office Address**

1701 W. WATERS AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33604

Country

**3. Mailing Office Address**

1701 W. WATERS AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33604

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/30/01

**5. FEI Number**

59-3731543

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

**7. Name and Address of Current Registered Agent**

Name

BORRAS, ORLANDO

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

1701 W. WATERS AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

400054217774

05/10/05--01060--025 \*\*105 1.00

**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

*Orlando Borrás*

Date

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
P	ORLANDO BORRAS	1701 W. WATERS AVENUE	TAMPA, FL 33604

**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:

*Orlando Borrás*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO BORRAS

4/19/2005

Date

813/933-0772

Daytime Phone #

CR2E081 (01/05)