

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB 27 AM 8:57

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0100077114

1. Corporation Name

OMBU, INC.

REINSTATEMENT 02-03

900013165969  
02/27/03--01059--013 \*\*900.00

2. Principal Office Address

2301 COLLINS AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A 503

City & State

MIAMI BEACH FL

City & State

MIAMI FLORIDA

Zip

33140

Country

Zip

33155

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0322284

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

JOSE LUIS VEJAS

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

2301 COLLINS AVE

Suite, Apt. #, Etc.

A 503

City

MIAMI BEACH

State

FL

Zip Code

33140

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

*Jose Vejas*

Date

2/25/03

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/D	JOSE LUIS VEJAS	2301 COLLINS AVE # A 503	MIAMI BEACH FL 33140

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE LUIS VEJAS

Date

2/25/03

Daytime Phone #

CR2E081 (9/01)