


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -4 PM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000080622

1. Corporation Name
Ortega Square Corporation

2. Principal Office Address
5315 118th St.

3. Mailing Office Address

City & State
Jacksonville FL

Zip Country
32244 US

000037666230
06/04/04--01033--027 **1050.00

2/4/22 90027 043 15020

~~REINSTATEMENT~~ 02-04

4. Date Incorporated or Qualified To Do Business in Florida 8/15/2001

5. FEI Number 59-3747176 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 Fred Isaac

Street Address (P.O. Box Number is Not Acceptable)
6034 Chester Ave

Suite, Apt. #, Etc.
108

City Jacksonville State FL Zip Code 32217

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] Date 5/12/04

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
<u>P</u>	<u>Basel Brkat</u>	<u>5315 118th St.</u>	<u>Jacksonville, FL 32244</u>

[Signature]

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] Date 5/17/04 Daytime Phone # 772-9344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)