

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 Nov 03 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121609

1. Corporation Name

ORTNEY, INC.

Principal Place of Business

5724 PARK ROAD
FT LAUDERDALE FL 33312

Mailing Address

5724 PARK ROAD
FT LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2001

5. FEI Number

04-3591858

Applied For

Not Applicab

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75-Additional Fee requi
for a Certificate of Statu

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DST	BEN-SHOSHAN, RONIT	5724 PARK ROAD	FT LAUDERDALE FL 33312

3000008601293
10/25/02--01116--005 **150.00

8. Name and Address of Current Registered Agent

BEN-SHOSHAN, RONIT
5724 PARK ROAD
FT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Ronit Ben Shoshan

ORTNEY INC.
RONIT BEN-SHOSHAN
President

Date 10.23.02

REGISTERED AGENT MUST SIGN

11. 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-

Ronit Ben Shoshan

ORTNEY INC.
RONIT BEN-SHOSHAN

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Nov.14.02

MS. Kathy Ashton,
Document Specialist
Florida Department of State
Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314

RE; Ortney Inc.

Dear Ms. Ashton;

I received your letter in which you indicated that there will be a reinstatement fee of \$600. I never received the bill from the Florida Department of State. I never had a corporation before prior to this year. I did not know that a bill was to arrive that required an annual fee to keep this corporation active.

I do have problems with the delivery of the mail. When my postman is out and they have a substitute postman a lot of my mail gets lost. I pay all my bills as soon as they arrive. I did not intend to deceive the Department of State by not paying this fee timely. Please give me another chance and abate the reinstatement fee. Now that I am aware of this annual corporate update, I will be sure to call you if it does not arrive timely. Thanks a lot for your understanding and consideration with this matter.

Sincerely,

Ronit Ben Shoshan

ORTNEY INC.
RONIT BEN-SHOSHAN
President