
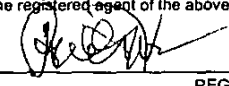
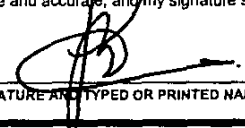


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JUN 12 AM 8:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000008033 <del>W06-4969</del>					
1. Corporation Name Orlando Contracting Incorporated					
2. Principal Office Address 1430 SW 92 Ave		3. Mailing Office Address 1430 SW 92 Ave		REINSTATEMENT 03-06 CR2E081 (12/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State Miami - FL		City & State Miami FL		5. FEI Number None	
Zip 33174		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33174		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Reinaldo P. Herrera					
Street Address (P.O. Box Number is Not Acceptable) 1430 SW 92 Ave. Miami FL 33174					
Suite, Apt. #, Etc. 400076409114					
City Miami FL 33174					
State FL					
Zip Code 33174					
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 05-09-06					
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 Borrell	10741 SW 64th		Miami FL 33173	
		P26/14			
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 contained in Chapter 119, 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:  05-09-06 3053108969.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					