

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 AUG 21 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076909

1. Corporation Name

ORIGEN PLUS, CORP

2. Principal Office Address

9741 FONTAINEBLEAU BLVD # 114

3. Mailing Office Address

9100 SPOUTH DADELAND BLVD STE 912

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33172

City & State

MIAMI, FL. 33156

Zip

33172

Country

US

Zip

33156

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2002

5. FEI Number

14-1842571

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

AURELIO A PIEDRA

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

9100 SPOUTH DADELAND BLVD STE 912

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date 08-15-06

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
PD	PASCUALE GUGLIOTTA	9741 FONTAINEBLEAU BLVD # 114	MIAMI, FL. 33172
D	TINA GUGLIOTTA	9741 FONTAINEBLEAU BLVD # 114	MIAMI, FL. 33172
D	RINA GUGLIOTTA	9741 FONTAINEBLEAU BLVD # 114	MIAMI, FL. 33172

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:

C. Gugliotta Pascuale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-15-06

Date

Daytime Phone #