

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 29 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079909

1. Corporation Name

ORLANDO HOMES, INC.

2. Principal Office Address

12179 S. APOPKA-VINELAND RD

3. Mailing Office Address

PO BOX 61434

Suite, Apt. #, etc.

#178

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

STATEN ISLAND, NEW YORK

Zip

32836

Country

Zip

10306

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 23, 2002

5. FEI Number

13-4205324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

RAQUEL DSARONNO

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

12179 S. APOPKA-VINELAND ROAD

Suite, Apt. #, Etc.

SUITE #178

City

ORLANDO, FL

State

FL

Zip Code

32836

600031294796  
03/29/04--01006--010 \*\*158.75

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

*Raquel D'Saronno*

Date

2/12/2004

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
D	R. D'SARONNO	PO BOX 61434	STATEN ISLAND, NY 10306
D	A. D'SARONNO	PO BOX 61434	STATEN ISLAND, NY 10306

600031294796  
03/29/04--01006--011 \*\*141.25

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:

*Raquel D'Saronno - Raquel D'Saronno*

Date

2/12/04

Daytime Phone #

800-262-7193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

# *Orlando Homes, Inc.*

*Luxury Vacation Homes in Orlando, FL*

**(800)262-7193**

**February 12, 2004**

**Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327**

**Re: Orlando Homes, Inc. (URB Report, reinstatement)**

**To Whom It May Concern:**

**Please be advised, that this company or any person has received at anytime before, any notices for the URB report to be file.**

**Please reinstate our company and update your records. Also please accept this letter as a request for reinstatement and notice that we never received any documentation or notices to file previous report.**

**Thank you,**

**Raquel D'Saronno  
Director  
Orlando Homes, Inc.  
PO Box 61434  
Staten Island, NY 10306**



***PO Box 61434, Staten Island, NY 10306***