2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000080637 1. Entity Name U.S. ORCA, INC.						05	FILE MAY 12	AM 10: 49 AM 10: 49	
Principal Plac	ce of Business	Mailing Address	Mailing Address			S	ECHLINGS	FE. FLORIUA	
9948 NW 43 MIAMI, FL 3		9948 NW 43 TERR	9948 NW 43 TERR MIAMI, FL 33178		4	/ 1	ALLAHAS.	,	
Funcia, re-a	3176	MINUTE 35770			A	04 06	078 8	213 15Q	
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address						
Suite, Apt.	# atc	Suite Apt # etc	Suite, Apt. #, etc.			i Raile II311 ESIN OGU) S	ent Baier (ent Adtia	# 1134 4(1)1 1 # 1151 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1	
Julie, Apr.	. 11 , 610.	Soile, Apr. #, etc.				REIN-P	CR2E09	8 (6/04)	
City & State		City & State	City & State		4. FEI Numb	er 026068		Applied For Not Applicable	
Zip Country		Zip	Zip Coun:			of Status Desired		3.75 Additional	
6. Name and Address of Current Regi		Registered Agent	stered Agent		7. Name and	Fee Required 7. Name and Address of New Registered Agent			
CIOTEL MADVAMAD D				Name					
9948 NW			Street Address (P		ess (P.O. Box Numb	P.O. Box Number is Not Acceptable)			
MIAMI, FL	331/8								
			City				FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstatting) DATE									
FILE NOW!!! FEE IS \$300.00						In accordance corporation did	with s. 607.19 I not receive th	3(2)(b), F.S., the ne prior notice.	
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	P Delete CIOFFI, MARYMAR D				☐ Change ☐ Addition				
STREET ADDRESS CITY-ST-ZIP	9948 NW 43 TERR MIAMI, FL 33178		STREET ADORESS CFTY-ST-ZIP						
TITLE	S Delete Iffice							Change Addition	
NAME	CANO, MARY L			100054899181					
STREET ADDRESS CITY-ST-ZIP	9948 NW 43 TERR MIAMI, FL 33178		STREET ADDRESS CITY-ST-ZIP		05/20.	/8501005	o==U24 - #	*/50.00	
TITLE	T Delete TITL							Change	
NAME STREET ADDRESS	VARGAS, VICTORIA M 11480 NW 48 TERRACE		NAME STREE CITY-S						
CITY-ST-ZIP	MIAMI, FL 33178				<u></u>	11.	115 3.50		
TITLE		Delete	TITLE	J U	与いていい	النائد المالد	()4	Change Addition	
NAME STREET ADDRESS			NAME STREE	1 ADDRESS			en II. H		
CITY-SI-ZIP			ÇITY-	SI-ZIP					
TITLE NAME		Delete	- TITLE NAME			Fileson	e MAY 5	Change (NK) Addition	
STREET ADDRESS				T ADDRESS	<u> </u>	(X,000,000)	• • • •	ĺ	
CITY-SI-ZIP		<u> </u>		ST-ZIP					
TITLE NAME		☐ Delete	NAME					Change	
STREET ADDRESS	•		-	T ADORESS					
CITY-S1-ZIP CITY-S1-ZIP 12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information									
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trustee empowered to execute as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
1 Charles and PRES. Wall									
SIGNATURE: \(\frac{\mathcal{M}}{\mathcal{M}} \) CULLY (AUY) T \(\frac{\mathcal{L}}{\mathcal{D}} \). \(\frac{\mathcal{L}}{\mathcal{D}} \) Date \(\frac{\mathcal{D}}{\mathcal{D}} \) Date \(
MARYMAR D. CIOFFI									