PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

400024196834
10/28/03--01018--026 **150.00

DOCUMENT # P02000085603

1. Corporation Name
ORmar Properties Corp

2. Principal Office Address
4528 SW 136th Place

Suite, Apt. #, etc.

City & State
Miami FL

Zip 33175 Country Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 02-0637078 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
Orlando Vazquez

Street Address (P.O. Box Number is Not Acceptable)
4528 SW 136th Place

Suite, Apt. #, Etc.

City
Miami FL 33175

State FL Zip Code

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 _____
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	Orlando Vazquez	4528 SW 136th Place	Miami FL 33175

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: _____ 10/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JN 11/3

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
britogeorge@aol.com/britoandbrito@aol.com.

October 23, 2003

Division of Corp.
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee Fl. 32314

Ref: Osman Properties Corp.
4528 SW 136th Place
Miami FL. 33175
02-0637078

Dear Sir\Madam:

Please note the above client never received his Annual Report attached Reinstatement form. And a check for $150.00.

Thanking you in advance.

If you have any further questions, please feel free in contacting me at my office, or write to my office.

Sincerely,

George L. Brito
Accounting