

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 FEB 21 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # p02000088663

1. Corporation Name

ORION PRINTING SUPPLIES, INC.

2. Principal Office Address  
1940 BIARRITZ DRIVE

3. Mailing Office Address  
1940 BIARRITZ DRIVE

Suite, Apt. #, etc.  
SUITE 10

Suite, Apt. #, etc.  
SUITE 10

City & State  
MIAMI BEACH, FLORIDA

City & State  
MIAMI BEACH, FLORIDA

Zip  
33141

Country  
USA

Zip  
33141

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 08/15/2002

5. FEI Number  
52-2371408

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-08

7. Name and Address of Current Registered Agent

Name  
FELICIA F. HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)  
1940 BIARRITZ DRIVE

Suite, Apt. #, Etc.  
SUITE 10

City  
MIAMI BEACH

State  
FL

Zip Code  
33141

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 *Felicia F. Hernandez*

REGISTERED AGENT MUST SIGN

Date 02-19-2008

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	FELICIA F. HERNANDEZ	1940 BIARRITZ DRIVE-SUITE 10	MIAMI BEACH, FL 33141

600120012896  
03/12/08--01005--014 \*\*300.00

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: *Felicia F. Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-2008

Date

Daytime Phone #

CR2E081 (01/04)

2/21/08

2/2

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

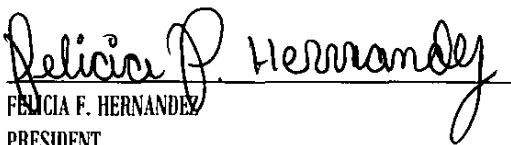
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF 2003 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY, WE ARE INCLUDING THE \$150.00 FOR 2008 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,

  
FELICIA F. HERNANDEZ  
PRESIDENT