

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 25 AM 8:00

DOCUMENT # P02000095694

1. Corporation Name

ORODIAM ENTERPRISES, INC

2. Principal Office Address

36 NE 1st. STREET

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 1016

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33132

Country

USA

Zip

Country

**REINSTATEMENT 03-04**

5/6/03 90044 022 \*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

09/04/02

5. FEI Number

48-1274663

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

RAJU MANIAR

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

7737. N. UNIVERSITY DR., #201

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

R Maniar

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
P.D	KAPADIA, SUNIL	36 NE 1st. STREET, #106	MIAMI, FL 33132
S.D	SHAH, ANAL	36 NE 1st. STREET, #106	MIAMI, FL 33132

900040871869

03/08/04--01066--001 \*\*150.00

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

Orodiam Enterprises, Inc  
36 NE 1<sup>st</sup> Street, Suite ~~4016~~ 617  
Miami, FL 33132

Date: August 19, 2004

Florida Dept of State  
Tallahassee

Dear Sir,

Uniform Business report

I am the officer of Orodiam Enterprises, Inc.

On information received from our clients, it was found that the corporation has been inactive. We were neither informed about this nor we received any information from your office.

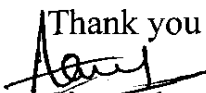
We had sent you a check for \$ 150.00 (copy enclosed) on April 28, 2003 with the form duly filed. Evidently the the original UBR report seems to be lost.

We are now sending you the reinstatement form duly signed as we had not received any other intimation about this in 2003 or 2004.

We have enclosed a check for \$ 150.00 for year 2004.

We will very much appreciate if you will waive the penalties and reinstate the corporation.

Thank you for your cooperation.

  
Sincerely,