

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000122778**

1. Corporation Name

**ORANGE TREE INTL, INC.**

Principal Place of Business

Mailing Address

8175 SOUTHWEST 170TH STREET  
MIAMI FL 33157  
US

8175 SOUTHWEST 170TH STREET  
MIAMI FL 33157  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

06-1661149

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ALVAREZ, YOLANDA	<del>MARK WISCHKAEMPER, LEGALZOOM.COM</del> 8175 SW 170 STREET	MIAMI FL 33157
T	NARANJO, HECTOR	<del>MARK WISCHKAEMPER, LEGALZOOM.COM</del> 8175 SW 170 STREET	MIAMI FL 33157
S	NARANJO, JUSTIN	<del>MARK WISCHKAEMPER, LEGALZOOM.COM</del> 8175 SW 170 STREET	MIAMI FL 33157

000023965700

10/21/03--01043--018 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEGALZOOM NEVADA INC  
111 N.E. FIRST STREET  
SUITE 901  
MIAMI FL 33132

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent *LegalZoom Nevada Inc.*  
*[Signature]*

Date

REGISTERED AGENT MUST SIGN

11. 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:

*Glenda E. Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/03

305 234-9871

CR2E040 (7/03)