

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC -7 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000012145

1. Entity Name
ORLANDO INVESTMENTS CORP.



Principal Place of Business
C/O SANTIAGO STEED, FORTUNE INTERNATIONAL
1300 BRICKELL AVE
MIAMI, FL 33131 US

Mailing Address
C/O SANTIAGO STEED, FORTUNE INTERNATIONAL
1300 BRICKELL AVE
MIAMI, FL 33131 US

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11232004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

20-1786507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, MILAGROS A
1300 BRICKELL AVENUE
MIAMI, FL 33131

Name

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

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.

Milagros Sanchez

11/22/04

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME BLUM, ALICE ☐ Delete
STREET ADDRESS 1300 BRICKELL AVENUE
CITY-ST-ZIP MIAMI, FL 33131

TITLE S
NAME BLUM, VIVIAN ☐ Delete
STREET ADDRESS 1300 BRICKELL AVENUE
CITY-ST-ZIP MIAMI, FL 33131

TITLE T
NAME BLUM, MARICEL ☐ Delete
STREET ADDRESS 1300 BRICKELL AVENUE
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 100042523251
NAME 11/05/04--01046--007 **750.00
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 receiver or trustee empowered to execute this report 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maricel Blum

Date

11/22/04

Daytime Phone #

305-679-5880