## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## FILED May 18, 2005 8:00 am Secretary of State

ILLIIQ I A I LIILII I				Sometary of State
DOCUMENT # P03000053292  1. Entity Name THE ORDONEZ GROUP, INC.			Secretary of State	
Principal Plac	ce of Business	Mailing Address	1. 1	
10101 BAY		10101 BAY WIND COURT	t t	
TAMPA, FL		TAMPA, FL 33615		Reports MAY 2 5 ZUUN
114411 14 12 .	33013	171411 M, 1 E 33013		(1. WORDING MAI C O ECON
				I TARILORI III ORIGA SIII ERIYA COLII ERIYA ORIAL CYIDE IIIIN XADIN IRYIR IIRIDAR II ARA
2. Principal F	Place of Business	3. Mailing Address		
8504	WALLARY WAY	8504 WA	later Was	
Suite, Apt.		Suite, Apt. #, etc.	<del>"                                    </del>	05400005
			•	05122005 REIN-P CR2E098 (6/04)
City & Stat	te /	City & State	1.	4. FEI Number Applied For
TAM	PP, 12.	TAMPA	H	51-0492900 Not Applicable
Zip	Country	Tin V	Country	\$9.75 Additional
33013	5 HillsBORDUR	33635	4://51320096	5. Certificate of Status Desired Fee Required
	6. Name and Address of Curyent	Registered Agent		7. Name and Address of New Registered Agent
Name T O O O O O				
ORDONEZ, JESUS				
	Y WIND COURT		Street Address	(P.O. Box Number is Not Acceptable)
TAMPA, FL 33615				
			8504	WALLARY WAY
City TO ACCO EL Zip Code , 7 -				
8. The above named entity submits this statement for the purpose of changing its registered gifice or registered agent, or both, in the State of Florida. I am familiar with, and accept				
B. The above	e named entity submits this statement fol tions of registered agent.	r the purpose of changing its rec	distered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
irie obligai	inons or registered agent.	O Tagina	Max.	
SIGNATURE.	foundans	) Vesus	WROON	er 5-11-2005
	Signature, typed or printed name of registered agon	and title if applicable. (NOTE: Re	egistered Agent signature requ	
FI	LE NOWIII FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	☐ Change C ☐ Addition
NAME	ORDONEZ, JESUS	2 5000	NAME	
STREET ADDRESS	10101 BAY WIND COURT		STREET ADDRESS	200055533402 05/31/0501066016 **300.00
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	U5/31/U5U1U66U16 **300. <b>0</b> 0
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORDONEZ, CRISTY	L Delete	NAME	Citalige [] Adolfion
STREET ADDRESS	10101 BAY WIND COURT		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	-	CITY-ST-ZIP	-
	174117412 00010			
TITLE	OPPONEZ JOSHUA	L. Delete	TITLE	☐ Change ☐ Addition
NAME OTOGET ADDRESS	ORDONEZ, JOSHUA		NAME	18.05
STREET ADDRESS	10101 BAY WIND COURT		STREET ADDRESS	Pri G.
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ ☐ Change ☐ Addition
NAME	ORDONEZ, JAZIEL	i	NAME	Par - T
STREET ADDRESS	10101 BAY WIND COURT		STREET ADDRESS	ω m
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP	
TITLE	1	Delete	TITLE	Change Addition
NAME			NAME	<u>6</u> €
STREET ADDRESS			STREET ADDRESS	为王 0
	]			
CITY-ST-ZIP	•		CITY-ST-ZIP	21 00 ·
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	Change Addition
TITLE NAME		☐ Delete	TITLE NAME	7
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	7
TITLE NAME		□ Delete	TITLE NAME	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby o	certify that the information supplied with	this filing does not qualify for the	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in S	Change Addition  Gection 119.07(3)(i), Florida Statutes, I further certify that the information
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby a indicated	tion this report or supplemental report is	this filling does not qualify for th	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in S	Gection 1 19.07(3)(i). Florida Statutes, I further certify that the information
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby a indicated of the core	tion this report or supplemental report is	this filling does not qualify for th true and accurate and that my s wered to execute this report as	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in S	Change Addition  Gection 119.07(3)(i), Florida Statutes, I further certify that the information
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby a indicated of the cor changed	d on this report or supplemental report is rporation or the receiver or trustee empore, or on an attachment with an address, where the supplementary is a supplementary to the supplementary of the supplementary is a supplementary to the supplementary is a supplementary to the supplementary to the supplementary is a supplemental report is supplementary in the supplementary in the supplementary is sup	this filling does not qualify for th true and accurate and that my s wered to execute this report as	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in S signature shall have the required by Chapter 60	Change Addition  Cection 119.07(3)(i), Florida Statutes. I further certify that the information as same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my hame appears in Block 10 or Block 11 if
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby a indicated of the core	on this report or supplemental report is reportation or the receiver or trustee emport, or on an attachment with an address, where	this filling does not qualify for th true and accurate and that my s wered to execute this report as	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in S signature shall have the required by Chapter 60	Change Addition  Gection 119.07(3)(i), Florida Statutes. I further certify that the information as same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my flame appears in Block 10 or Block 11 if

ps 292

## THE ORDONEZ GROUP, INC.

8504 Wallaby Way Tampa, Fl. 33635 Tel. 813-758-9931

Certified Letter

May 12, 2005

Florida Department of State Division of Corporation PO Box 1500 Tallahassee, Fl. 32302-1500

Re:

Annual Report #P03000053292

Gentlemen:

Enclosed please find our check in the amount of \$300.00 for our Corporate renewal.

Please be advised that I did not receive the annual renewal report.

Your prompt processing of our Annual Report will be greatly appreciated.

Truly yours,

THE ORDONEZ GROUP, INC.

esus Ordonez

President

Encl.