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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| rik Ortiz, Inc. 2. Principal Office Address 3. Mailing Office Address   | · · · · · ·                           |   |  | <del></del>                           | <del></del>                |                          |                     |  |
|---|---------------------------------------|---|--|---------------------------------------|----------------------------|--------------------------|---------------------|--|
| REINSTATEMENT  DIVISION OF CORPORATIONS  DOCUMENT # P 0 3 00 0 147355  L. Corporation Name  TIRE OFFICE A division of Corporation Name  Somethic Read Someth    | FLODINA DEDADTMENT OF STATE           |   |  |                                       |                            |                          |                     |  |
| REINSTATEMENT  DIVISION OF CORPORATIONS  DOCUMENT # P 0 3 00 0 147355  L. Corporation Name  TIRE OFFICE A division of Corporation Name  Somethic Read Someth    | CORPO                                 | RATION  |  | Jim Smith                             |                            | - 12 DM 5: 19            |                     |  |
| DOCUMENT # 0 3 00 0 147 3 5 5  Corporation Name  It Ortiz, Inc.  Principin Office Address SMART SMART Sulva, Apt. 4, etc. Sulv    |                                       |   |  |                                       |                            |                          |                     |  |
| DOCUMENT # 0 3 00 0 147 3 5 5  Corporation Name  It Ortiz, Inc.  Principin Office Address SMART SMART Sulva, Apt. 4, etc. Sulv    |                                       |   |  | •                                     |                            | Or HOA 12 LILL           |                     |  |
| Tik Ortiz, Inc.    Principal Office Address   3. Mailing O    |                                       |   |  |                                       |                            | I CERRY OF STATE         |                     |  |
| A Date incorporation name  Itk Ortiz, Inc.  Principal Office Address  3. Mailing Office Address  Suite, Apt. 9, etc.  4. Date incorporated or Qualified To De Business in Florida  To D    | DOCUMENT # P 0 3 600 147355           |   |  |                                       |                            | SECHLIANSSLE, FLORIDA    |                     |  |
| Applied For State   St    | . Corporatio                          |   | - ''                                   |                                       |                            | MILLION                  |                     |  |
| Principal Office Address  SAME  In. Act 2, etc.  Substance, FL  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Code  FL  Zip  Code  FL  Zip  Zip  Code  FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi   |                                       |   |  |                                       | }                          |                          |                     |  |
| . Principal Office Address SAME Some and Committed Road SAME Some Apt #, etc.    Date Incorporated or Qualified To Do Business in Findia To Do Bus    |                                       |   |  |                                       |                            |                          |                     |  |
| Finding Office Address   S. Mailing Office Address   SAME   South Apt #, etc.   Sout      |                                       |   |  |                                       |                            |                          |                     |  |
| SAME  Suite, Apt. 8, etc.  Country  Zip  Country    | ik Ortiz, I                           | nc.   |  |                                       |                            |                          |                     |  |
| te, Apt 8, etc.  Suite, Apt 8, etc.  Suite, Apt 8, etc.  City & State  City & State  City & State  Country  The Country  Country  The Country  Country  The Country  Country  The Country  The Country  Country  The Country  T    | 2. Principal Office Address 3. Mailin |   |  | Address                               | 1                          |                          |                     |  |
| # To De Business in Princise  # To D    | 50 Marillo Road                       |   | SAME                                   | SAME                                  |                            | TATER PRAISE             | 03.0U               |  |
| Asplied for Street Address in Florida  7. Name and Address of Current Registered Agent  Name  FERIX ORTIZ  Street Address (P.O. Sox Number is Not Acceptable)  7. Street Address (P.O. Sox Number is Not Acceptable)  7. Street Address (P.O. Sox Number is Not Acceptable)  7. Street Address (P.O. Sox Number is Not Acceptable)  7. MARILLO ROAD  Suite, Apt. 4. Etc.  City  Name 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  Officers and/or Directors  Titles  Name of Officers and/or Directors  Name of Officers and/or Directors  Titles  To Do Business in Florida  Applied for Not Applied  Space Agent  Space Agent  Space Agent  Date  1// Sy Out  Name of Officers and/or Directors  Titles  Name of Officers and/or Directors  Titles  Name of Officers and/or Directors  Titles  To MARILLO ROAD  KISSIMMEE, FLORIDA 34744  11/ 3/04 — 018/9 — 012 *** *** *** *** *** *** *** *** *** *   | te, Apt. #, et                        | œ.  | Suite, Apt. #, etc.                    | Suite, Apt. #, etc.                   |                            | JAICHEN!                 | 05/0-(              |  |
| Simmee, FL  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi  | . 0 54-4-                             | <del>.</del>                                      | 0/4.0.0                                | <del> </del>                          |                            |                          |                     |  |
| To Mame and Address of Current Registered Agent  Name  ERIK ORTIZ  Street Address (P.O. Box Number is Not Acceptable)  750 MARILLO ROAD  Suite, Apt. 6, Eic.  City  KISSIMMEE  I. being appointed the negistered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.  nature of gistered Agent  REGISTERED AGENT MUST SIGN  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  Officers and/or Directors  Name of Officers  Name of Offi    |                                       | E   | City & State                           | : State                               |                            |                          | Assist For          |  |
| 7. Name and Address of Current Registered Agent  Name ERIK ORTIZ Street Address (P. O. Box Number is Not Acceptable) 750 MARRILLO ROAD Sulte, Apt. #, Etc.  City KISSIMMEE  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.  nature of gistered Agent  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Street Addresses of Each Officer and/or Directors  Officer and/or Director  City / Street / Zip  TSU MARRILLO ROAD  KISSIMMEE, FLORIDA 34744  11 / 37/04 01.049 00.02 ***350, .00  ***350, .00  11 / 37/04 01.049 00.02 ***350, .00  10 .1 certify that I am an officer or director or flustee empowered to associate this application as provided for in chapter 607 or 617, F.S.   Burbor certify that when fing this remissionment application, the reason for disordion has been eliminated, the corporation have been paid and the names of certific for an elementary for the service of the food of or 617, F.S.   Burbor certify that when fing this remissionment application, the reason for disordion has been eliminated, the corporation new been caccurate, and my signature shall have the same legal effect as if made under certs.  |                                       | <del>, , , , , , , , , , , , , , , , , , , </del> | Zip                                    | Country                               |                            |                          | -                   |  |
| 7. Name and Address of Current Registered Agent  Name  ERIK ORTIZ  Street Address (P.O. 8ox Number is Not Acceptable)  750 MARILLO ROAD  Sulle, Apt. €, Etc.  City  KISSIMMEE  1. Deirig 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.  nature of pistered Agent  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Directors  Officer and/or Director  City / Street / Zip  Titles  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Directors  Name of Officer and/or Director  Officer and/or Director  City / Street / Zip  Titles  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Director  Officer and/or Director  Titles  Total Addresses of Each Officer and/or Director  City / Street / Zip  11/ 15/04 010/49 002 ***350.00  11/ 15/04 010/49 002 ***350.00  11/ 15/04 010/49 - 002   |                                       | , ,   | <b>1</b>                               | Sound                                 |                            |                          |                     |  |
| RERIK ORTIZ  Street Address (P.O. Box Number is Not Acceptable)  750 MARILLO ROAD  Suite, Apt. #, Etc.  City  KISSIMMEE  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  nature of platered Agent  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tides  Name of Officers and/or Directors  Officer and/or Director  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Directors  Officer and/or Directors  KISSIMMEE, FLORIDA 34744  11. January 11. January 12. January 13. Januar    | 744                                   |   |  |                                       | CERTIFICATI                | E OF STATUS DESIRED 1007 | aCodife (Del) State |  |
| Name  ERIK ORTIZ  Street Address (P.O. 8ox Number is Not Acceptable)  750 MARILLO ROAD  Suite, Apt. #, Etc.  City  KISSIMMEE  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  nature of place of the registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  nature of Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tides Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer of Officer and/or Director Officer and/or Director Officer of Officer officer of Officer of Officer officer of Officer officer officer of Officer office    |                                       |   | 7. Name a                              | nd Address of Curre                   | nt Registered Age          | ent                      |                     |  |
| Street Address (P.O. Box Number is Not Acceptable)  750 MARILLO ROAD  Suite, Apt. \$\epsilon\$, Etc.  City  KISSIMMEE  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.  nature of instered Agent  REGISTERED AGENT MUST SIGN  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  REGISTERED AGENT MUST SIGN  Name of Officer and/or Directors  City / Street / Zip  ERIK ORTIZ  750 MARILLO ROAD  KISSIMMEE, FLORIDA 34744  11/ 9/04—01049—002 ***350.00  11/ 9/04—00404  11/ 9/04  | Na                                    | me  |  |                                       |                            |                          |                     |  |
| Street Address (P.O. Box Number is Not Acceptable)  750 MARILLO ROAD  Suite, Apt. \$\pi\$, Etc.  City  KISSIMMEE  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or \$17.0503, F.S.  nature of instered Agent  REGISTERED AGENT MUST SIGN  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  Officer and/or Director  Titles ORTIZ  750 MARILLO ROAD  KISSIMMEE, FLORIDA 34744  11/19/04—01049—002 ***350.00  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  11/19/04—00404  1 | EF                                    | RIK ORTIZ   | •                                      |                                       |                            |                          |                     |  |
| Suite, Apt. #, Etc.  City  KISSIMMEE  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.  nature of pistered Agent  REGISTERED AGENT MUST SIGN  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  Officer and/or Director  Titles Officers and/or Directors  Name of Officers and/or Directors  Name of Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officer and/or Directors  NISSIMMEE, FLORIDA 34744  11.19/104—01049—002 ***550.00  10.1 certify that I am an officer or director or the receiver or fustee 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 corporation name satisfies the requirements of section 607.0401 or 617, F.S. I further certify that with niling this reinstatement application, the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 607.0401 or 617, F.S. The information indicated on this application is to use and accurate, and my signature shall have the same legal effect as if made under oath.   |                                       |   | lumber is Not Acceptable)              |                                       |                            |                          | •                   |  |
| Suite, Apt. #, Etc.  City  KISSIMMEE  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.  nature of pistered Agent  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Names and Street Addresses of Each Officers and/or Directors  Name of Officers and/or Directors  Officers and/or Directors  Name of Street Address of Each Officer and/or Directors  Name of Street Address of Each Officers and/or Directors  Name of Street Address of Each Officers and/or Directors  Name of Officers and/or Directors  Name of Street Address of Each Officers and/or Directors  NISSIMMEE, FLORIDA 34744  11. 19.704 — 01049 — 002 ***550.00  10. Locatify that I am an officer or director or the receiver or fustee empowered to execute this application as provided for in chapter 607 of 37, 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 607.001 of 57, 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 607.001 of 57, 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.  | 75                                    | O MARILLO ROA                                     | D                                      |                                       |                            |                          | 1                   |  |
| Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officers and/or Directors  Name of Officer and/or Directors  Name of Each Officer and/or Directors  Name of Eac    |                                       |   | T                                      | · · · · · · · · · · · · · · · · · · · |                            | ·                        | <del></del>         |  |
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| nature of gistered Agent REGISTERED AGENT MUST SIGN  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 Directors Officer and/or Director City / Street / Zip  ERIK ORTIZ 750 MARILLO ROAD KISSIMMEE, FLORIDA 34744  11/19/04 - 01049 - 002 ***350.01  10. Leartily 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, Et. Turbre certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607-0401, 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.  | I, being app                          | ointed the registered ag                          | ent of the above named corporat        | ion, am familiar with and             | accept the obligations     |                          |                     |  |
| REGISTERED AGENT MUST SIGN  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 / Street / Zip  ERIK ORTIZ 750 MARILLO ROAD KISSIMMEE, FLORIDA 34744  11/19/0401049002 ***350.00  11/19/0401049002 ***350.00  10.1 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.   |                                       |   |  |                                       |                            |                          |                     |  |
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| Titles Name of Officers and/or Directors Officer and/or Director City / Street / Zip  ERIK ORTIZ 750 MARILLO ROAD KISSIMMEE, FLORIDA 34744  11. 9./0401049002 ***350.00  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.  | Instelled Age                         |   | Y-1                                    | MUST SIGN                             |                            | Date // / 8/             |                     |  |
| Titles  Name of Officers and/or Directors  Titles  Name of Officer and/or Director  Total City / Street / Zip  Name of Officer and/or Director  Total City / Street / Zip  Total Marillo ROAD  KISSIMMEE, FLORIDA 34744  KISSIMMEE, FLORIDA 34744  11. 19./0401049002 ***350.00  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 807 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been peld 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.  | Names and                             | Street Addresses of Ea                            | uch Officer and/or Director (Florida   | a nonprofit corporations m            | nust list et least 3 direc | ctors)                   |                     |  |
| ERIK ORTIZ  750 MARILLO ROAD  KISSIMMEE, FLORIDA 34744  11/19/0401049002 ***350.00  11/19/04-01049002 ***350.00  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.  | Name                                  |   |  |                                       |                            |                          | of Change I Zin     |  |
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| 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.   |                                       |   |  |                                       |                            |                          |                     |  |
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| $\sim 1/1$  | owed by                               | the corporation have been                         | paid and the names of individuals list | ed on this form do not qualify        | for an exemption under s   |                          |                     |  |
| GNATURE:     M  | on this a                             | pplication is true and accur                      | ate, and my signature shall have the s | ame legal effect as if made u         | nder oath.                 |                          |                     |  |
| GNATURE:   (// 8/0 1/ 407-468-3694  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Destrict Phone #   |                                       | F.1   | 1.1 <del>1</del>                       |                                       |                            | 1 1                      |                     |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #   | GNATU                                 | RE: M   | nye zi                                 |                                       |                            | <u> /// 8/04 40</u> 7-40 | 68-3694             |  |
| ¢ ,   | ٠.                                    | SIGNATURE AN                                      | D TYPED OR PRINTED NAME OF \$          | GNING OFFICER OR DIREC                | TOR                        | Date Daytime F           | Phone #             |  |

Erik Ortiz 750 Marillo Road Kissimmee, FL 34744

November 16, 2004

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Re: Erik Ortiz, Inc. For: Change of address

Dear Sir/Madam:

Be advised that I did not receive the For Profit Corporation Annual Report in the mail.

It would be very much appreciated if you would kindly abate the \$400.00 penalty and accept the enclosed report and check for \$150.00.

Attached please find my Uniform Business Report.

Thank you,

Sincerely,

Erik Ortiz

cc: File