

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 2
ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 19 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000147355

1. Corporation Name

Erik Ortiz, Inc.

2. Principal Office Address		3. Mailing Office Address	
750 Marillo Road		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Kissimmee, FL			
Zip	Country	Zip	Country
34744			

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For
20-0419947	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
6076 Additional Fee for Certificate of Status	

7. Name and Address of Current Registered Agent

Name
ERIK ORTIZ

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

Suite, Apt. #, Etc.

City
KISSIMMEE

State
FL

Zip Code
34744

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 Erik Ortiz Date 11/18/04

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 / Street / Zip
P	ERIK ORTIZ	750 MARILLO ROAD	KISSIMMEE, FLORIDA 34744

600042901226
11/19/04--01049--002 **350.00

600042901226
11/19/04--01049--002 **300.00

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: Erik Ortiz Date 11/18/04 407-468-3694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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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