

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 24 AM 9:14

DOCUMENT # **P04000096628**

1. Corporation Name

ORLANDO INTERNATIONAL, Inc.

2. Principal Office Address

1717 N Bayshore Dr

Suite, Apt. #, etc.

SUITE 201

City & State

Miami, FL

Zip

33132

Country

3. Mailing Office Address

1717 Bayshore Dr

Suite, Apt. #, etc.

SUITE 201

City & State

Miami, FL

Zip

33132

Country

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/04

5. FEI Number

20-1202829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARTINEZ, AMGURI F

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

1717 N Bayshore Dr

Suite, Apt. #, Etc.

SUITE 201

City

Miami

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

Date **07/17/06**

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 / State / Zip
DPST	MARTINEZ, AMGURI F	1717 N. Bayshore Drive SUITE 201	Miami, FL 33132

400078280294
08/02/06--01061--008 **750.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMGURI F Martinez 07/17/06 (95) 446-0242

Date

Daytime Phone #