
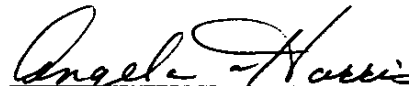


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 16 AM 9:16	
2005 ANNUAL REPORT					
DOCUMENT # P04000097669					
1. Corporation Name					
O-ZONE OF ORLANDO, INC.					
2. Principal Office Address		3. Mailing Office Address			
1353 VICKERS LAKE DR					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
OCOE, FL					
Zip	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
34761	USA			6/28/2004	
5. FEI Number				Applied For	
01-0816576				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name					
HARRIS, ANGELA A					
Street Address (P.O. Box Number is Not Acceptable)					
1353 VICKERS LAKE DR					
Suite, Apt. #, Etc.					
City		State	Zip Code		
OCOE		FL	34761		
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  Date 7/29/2005					
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 / State / Zip	
PD	HARRIS, ANGELA	1353 VICKERS LAKE DR		OCOE, FL 34761	
VD	MCKELVIN, JAMES M	1353 VICKERS LAKE DR		OCOE, FL 34761	
SD	BRYANT, RUTH	964 CHAUNCEY COURT		OCOE, FL 34761	
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:  HARRIS, ANGELA					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		7/29/2005		(407) 895-5933	

Robinson and Robinson Inc.

July 29, 2005

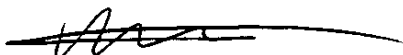
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that O-ZONE OF ORLANDO INC., did not receive any prior notices or information pertaining to the Annual Corporate Reports for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933. Document #P04000097669. Enclosed is \$150.00 for the year of 2005.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson