

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 27 11:39

DOCUMENT # P04000103503

1. Corporation Name

OSSORIO, INC.

2. Principal Office Address

316 Brevard Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

316 Brevard Avenue

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip  
32922

Country

Brevard

Zip  
32922

Country

Brevard

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number

20-1352133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT  
05-06

7. Name and Address of Current Registered Agent

Name

Edward R. Bryant, Jr.

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

2663 Airport Road South

Suite, Apt. #, Etc.

D-110

City

Naples

State

FL

Zip Code

34112

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

11/17/2006

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
P	J. Graeme Ossorio	316 Brevard Avenue	Cocoa, FL 32922
VP	Barbara Ossorio	316 Brevard Avenue	Cocoa, FL 32922

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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 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 in person.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Graeme Ossorio

Date

11/17/2006

Daytime Phone #

(239)  
289-7965

B. Mitchell NOV 27 2006