

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000106034**

1. Corporation Name

OSCEOLA HR MANAGEMENT CO., INC.

2. Principal Office Address - No P.O. Box #

21142 NE 31ST PL

Suite, Apt. #, etc.

City & State

AVENTURA FL

Zip

33180

Country

USA

3. Mailing Office Address

21142 NE 31ST PL

Suite, Apt. #, etc.

City & State

AVENTURA FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2004

5. FEI Number

20-1377627

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

FELIX FILENGER

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

21142 NE 31ST PL

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33180

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **07/17/09**

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 | FELIX FILENGER | 21142 NE 31ST PL | AVENTURA FL 33180 |
| | | | |
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REINSTATEMENT
07-09

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

07/17/09 646-637-4569

Date

Daytime Phone #

FILED

2009 JUL 21 P 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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