

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000130735**

1. Corporation Name

Ortega's Real Estate Holding Inc.

2. Principal Office Address - No P.O. Box #
2005 N.W. 97th Avenue

3. Mailing Office Address
2005 N.W. 97th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33172

Country
USA

Zip
33175

Country
USA

7. Name and Address of Current Registered Agent

Name
Jonathan Ortega

Street Address (P.O. Box Number is Not Acceptable)
2005 N.W. 97th Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of
Registered Agent

Jonathan Ortega

REGISTERED AGENT MUST SIGN

Date **4/3/07**

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Jonathan Ortega	2005 N.W. 97th Avenue	Miami, FL 33172

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:

Jonathan Ortega

4/3/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 9:53

100098022491
04/23/07--01047--021 **450.00

REINSTATEMENT

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **09/17/2004**

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

☐ YES - Request Fee required
for a Certificate of Status

☒ 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.