

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000171985

1. Entity Name  
ORVI, INC.



Principal Place of Business  
8454 CORAL WAY  
MIAMI, FL 33135

Mailing Address  
8454 CORAL WAY  
MIAMI, FL 33135

2. Principal Place of Business

same

3. Mailing Address

4819-1 SW 8th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

33134

U.S.

01272006

REIN-P

CR2E098 (11/05)

4. FEI Number

614-64-5152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSGROVE, JOHN F ESQ  
18320 SW 97 AVE  
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name CARLOS ORTEGA

Street Address 1311 PIZARRO ST.

City CORAL GABLES

FL

Zip Code

33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME ORTEGA, MARIA E  
STREET ADDRESS 1311 PIZARRO ST  
CITY-ST-ZIP CORAL GABLES, FL 33134

☐ Delete

TITLE DV  
NAME RIVERA, PATRICIA  
STREET ADDRESS 10087 SW 142ND CT  
CITY-ST-ZIP MIAMI, FL 33186

☐ Delete

TITLE DST  
NAME ORTEGA, CARLOS A E  
STREET ADDRESS 1311 PIZARRO ST  
CITY-ST-ZIP CORAL GABLES, FL 33134

☐ Delete

TITLE D  
NAME VICTORIA, EDUARDO  
STREET ADDRESS 10087 SW 142ND CT  
CITY-ST-ZIP MIAMI, FL 33186

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
06 JAN 30 AM 11:07  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06

90070 & NAC. 1-800-81-8000

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