

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000144.379**

1. Corporation Name

Orlando Property Enhancements

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

1315 S. 6th Str.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 329

Suite, Apt. #, etc.

City & State

Fernandina Bch. FL

City & State

Fernandina Bch. FL

Zip

32034

Country

U.S.A.

Zip

32035

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Kevin Behm

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

1315 S. 6th Str.

Suite, Apt. #, Etc.

City

Fernandina Bch. FL

State

FL

Zip Code

32034

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

Kevin Behm

Date

10/12/07

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	Kevin Behm	1315 S. 6th Str.	Fernandina Bch. FL 32034

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:

Kevin Behm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/07

Daytime Phone #

407-641-6293

FILED

07 OCT 23 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400111195714

10/23/07--01021--008 **308.75

REINSTATEMENT **06-07**

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2005

5. FEI Number

20-3676021

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional 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.