

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC -4 AM 9:29


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

0607
[Signature]

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000152027

1. Corporation Name

Naranja Textiles Corp.

2. Principal Office Address - No P.O. Box #
800 Brickell Avenue

3. Mailing Office Address
800 Brickell Avenue

Suite, Apt. #, etc.
Ste 902

City & State
Miami, FL

Zip Country
33131 US

4. Date Incorporated or Qualified To Do Business in Florida
11/15/2005

5. FEI Number
13-4315695

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
Leonardo V. Del Campo

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

Suite, Apt. #, Etc.
Ste 902

City State Zip Code
Miami FL 33131

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 *[Signature]* Date 11/27/2007
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
D/P	Leonardo V. Del Campo	800 Brickell Avenue Ste 902	Miami, FL 33131

000112815730
12/04/07--01042--008 **300.00

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]* **Leonardo V. Del Campo** 11/27/2007 305-358-8685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #