

APPROVED  
AND  
FORM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 FEB 14 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2.18.08

DOCUMENT # P06000036517

1. Corporation Name

ORMENO MUNOZ CORPORATION

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

1635 MAYO STREET

Suite, Apt. #, etc.

3. Mailing Office Address

213 S.W. 5th AVENUE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33020

Country

USA

Zip

33009

Country

USA

REINSTATEMENT 07.08

4. Date Incorporated or Qualified  
To Do Business in Florida 03/13/2006

5. FEI Number  
20-4517304

☐ 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

EDUARDO E. MUNOZ

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

213 S.W. 5th AVENUE

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

☒ 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

Date Feb. 08/08

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	EDUARDO E. MUNOZ	213 S.W. 5th AVENUE	HALLANDALE, FLORIDA 33009
S	EDUARDO E. MUNOZ	213 S.W. 5th AVENUE	HALLANDALE, FLORIDA 33009
T	EDUARDO E. MUNOZ	213 S.W. 5th AVENUE	HALLANDALE, FLORIDA 33009

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

President

Feb 08/08

786-859-6270

Date

Daytime Phone #

February 08, 2008

Department of State

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

**To Whom It May Concern:**

The undersigned, Eduardo E. Munoz, officer and Registered Agent of Ormeno Munoz Corporation would like to request that the reinstatement fee be waived, because the change of address, my entity did not receive the notice of renewal.

Sincerely,

Eduardo E. Munoz  
213 S.W. 5<sup>th</sup> Avenue  
Hallandale, Fl 33009