

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000056549

1. Corporation Name

ORLANDO A. C GROUP, INC

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

2070 HACIENDA TERR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESHON FL

City & State

Zip

33327

Country

Zip

Country

400172650144
04/20/10--01016--026 **150.00

400172650144
03/19/10--01040--025 **150.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2006

5. FEI Number

841700930

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

ORLANDO TORRES

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

2070 HACIENDA TERRACE

Suite, Apt. #, Etc.

City

WESHON

State

FL

Zip Code

33327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/05/10

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	TORRES, ORLANDO	2070 HACIENDA TERRACE WESHON FL 33327	WESHON FL 33327
VP	SOLANO, ARLETTE M	2070 HACIENDA TERRACE	WESHON, FL 33327

10. E-mail Address: ORLANDO TH @ GMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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

02/05/10 954
625-5318