APPROVED AND

FILED
Mar 04, 2008 8:00 A.M.
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

LD
3-7-08

DOCUMENT # P06000073328

1. Corporation Name

O & N Enterprises of Brevard, Inc.

REINSTATEMENT 01-08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5609 Crane Road	P.O. Box 121535
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne Village, FL	City & State: West Melbourne, FL
Zip: 32904 Country: USA	Zip: 32912 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 75-3215374 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ortiz, Fernando

Street Address (P.O. Box Number is Not Acceptable): 5609 Crane Road

Suite, Apt. # Etc.

City: Melbourne Village State: FL Zip Code: 32904

☐ 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 607.0503 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Fernando Ortiz	5609 Crane Road	Melbourne Village, FL 32904

500119355375
03/04/08--01016--011 **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 complies 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: Fernando Ortiz 02/27/08 321-508-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

O & N Enterprises of Brevard, Inc.

Melbourne February 27, 2008

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref.: Reinstatement of above Corporation
Doc. No. P06000073328

To Whom It May Concern:

I am requesting reinstatement of above Corporation. I respectfully ask for abatement of the fees, as I did not receive notification of the filling date.

My accountant brought this matter to my attention, and I would appreciate it if you could take care of this matter.

Thank you very much.

Very truly yours,

Fernando Ortiz

P.O. Box 121535, West Melbourne, FL 32912
Phone: (321) 733-1933 Fax: (321) 733-1938