

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000130987

1. Corporation Name

ORGANICS OVERSEAS INC

W09-23640

2. Principal Office Address - No P.O. Box #
2000 Towerside Terrace T2

Suite, Apt. #, etc.
#1412

City & State
Miami, FL

Zip Country
33138 usa

3. Mailing Office Address
2000 Towerside Terrace T2

Suite, Apt. #, etc.
#1412

City & State
Miami, FL

Zip Country
33138 usa

FILED

2009 JUN 12 PM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

07-09

4. Date Incorporated or Qualified
To Do Business in Florida 10/13/2006

5. FEI Number
20-8078194

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
Angela Hall

Street Address (P.O. Box Number is Not Acceptable)
2000 Towerside Terrace T2

Suite, Apt. #, Etc.
#1412

City State Zip Code
Miami FL 33138

☒ 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 Angela Hall
REGISTERED AGENT MUST SIGN

Date 5/15/09

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	Angela Hall	2000 towerside Terrace t2 #1412	Miami, FL 33138
VP	Hernando Ramirez	2000 towerside Terrace t2 #1412	Miami, FL 33138

800156175928
05/19/09--01033--010 ***150.00

800156175928
05/19/09--01035--007 ***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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Hall 5/15/09 786-260-1643