

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000016108

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: OREMOR QUALITY CORPORATION

## Current Principal Place of Business:

7014 NW 79 AVE  
TAMARAC, FL 33321

## New Principal Place of Business:

2904 NW 60 TER  
444  
SUNRISE, FL 33313

## Current Mailing Address:

7014 NW 79 AVE  
TAMARAC, FL 33321

## New Mailing Address:

2904 NW 60 TER  
444  
SUNRISE, FL 33313

FEI Number: 20-8387876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VIDES, MARIA G  
7014 NW 79 AVE  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

VIDES, MARIA G  
2904 NW 60 TER  
444  
SUNRISE, FL 33313 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA G. VIDES

03/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: VIDES, MARIA G  
Address: 7014 NW 79 AVE  
City-St-Zip: TAMARAC, FL 33321

Title: VPD ( ) Delete  
Name: ROMERO, GABRIEL  
Address: 7014 NW 79 AVE  
City-St-Zip: TAMARAC, FL 33321

Title: TS ( ) Delete  
Name: ROMERO, JUAN C  
Address: 7014 NW 79 AVE  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: VIDES, MARIA G  
Address: 2904 NW 60 TER APT. 444  
City-St-Zip: SUNRISE, FL 33313

Title: VPD (X) Change ( ) Addition  
Name: ROMERO, GABRIEL  
Address: 2904 NW 60 TER APT. 444  
City-St-Zip: SUNRISE, FL 33313

Title: TS (X) Change ( ) Addition  
Name: ROMERO, JUAN C  
Address: 2904 NW 60 TER APT. 444  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA G. VIDES

DP

03/16/2009

Electronic Signature of Signing Officer or Director

Date