

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 JAN 13 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000092719

1. Corporation Name

ORIANA ENTERPRISES INC.

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

1845 N.W. 112 AVENUE

Suite, Apt. #, etc.

200

City & State

DORAL, FL

Zip

33172

Country

USA

3. Mailing Office Address

1845 N.W. 112 AVENUE

Suite, Apt. #, etc.

200

City & State

MIAMI, FL.

Zip

33172

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/09

5. FEI Number

27-1882396

☐ 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

JOSEPH F. CABANAS

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

10520 N.W. 26 STREET

Suite, Apt. #, Etc.

C-201

City

DORAL

State

FL

Zip Code

33172

200218305402
01/13/12--01026--005 **900.00

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

Joseph F. Cabanas

Date 1-10-12

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	JUAN CARLOS BELLUCCI	1845 N.W. 112 AVE, STE 200	MIAMI, FL. 33172
V	DONATA BAVARO	1845 N.W. 112 AVE STE 200	MIAMI FL. 33172

10. E-mail Address: JCBELLUCCI@BDC.COM,VE

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

JCB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-12

Daytime Phone #