

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 NOV 21 PM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P130000063916**

1. Corporation Name

Made in Orlando #1 inc

2. Principal Office Address - No P.O. Box #  
13605 State RD 535

3. Mailing Office Address  
13605 State RD 535

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

Suite 106

City & State

Orlando Florida.

City & State

Orlando Florida.

Zip

Country

32821-6343

United States.

Zip

Country

32821-6343

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/31/2013

5. FEI Number

46-3361403

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  
Alexis Torres Colon

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

4728 seeley st Hammock Trail

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

**REINSTATEMENT**

2014

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11/21/14--01031--007 \*\*750.00

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

REGISTERED AGENT MUST SIGN

Date

11/16/14

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
Mng	Alexis Torres Colon	4728 seeley st Hammock trail Kissimmee 34758	Kissimmee 34758
Mng	Guillermo Negrin	2325 Prime circuit A Kissimmee 34746	Kissimmee 34746

MW  
11-21

10. E-mail Address: alexis@madeinpr.tv

(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:

Alexis Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/14

Date

Daytime Phone #

787-214-7376