


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -9 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000087381

1. Corporation Name
ORQUIDEA ENTERPRISES, INC

2. Principal Office Address <u>2910 FAIRWAY DR</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2910 FAIRWAY DR</u> Suite, Apt. #, etc.	
City & State <u>Homestead, FL</u>		City & State <u>Homestead, FL</u>	
Zip <u>33035</u>	Country <u>U.S.A</u>	Zip <u>33035</u>	Country <u>U.S.A</u>

REINSTATEMENT 95.06

4. Date Incorporated or Qualified To Do Business in Florida 12/16/1993

5. FEI Number 650459110 **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 <u>PLACIDO M FERNANDEZ</u>	<u>900066556679</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2910 FAIRWAY DR.</u>	<u>02/24/06--01012--035 **500.00</u>
Suite, Apt. #, Etc.	<u>900066556679</u>
City <u>HOMESTEAD</u>	<u>02/24/06--01012--033 **400.00</u>
State <u>FL</u>	Zip Code <u>33035</u>

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 P. Hernandez **Date** 2/8/2006

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
<u>P</u>	<u>LUZ M. FERNANDEZ</u>	<u>2910 FAIRWAY DR HOMESTEAD FL 33035</u>	<u>HOMESTEAD FL 33035</u>
<u>V</u>	<u>PLACIDO M. FERNANDEZ</u>	<u>2910 FAIRWAY DR</u>	<u>HOMESTEAD FL 33035</u>
			<u>900066556679</u>
			<u>02/24/06--01012--035 **500.00</u>

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 under section 119.07(3)(f), 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: P. Hernandez **Date** 2/8/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #