

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000062641

1. Corporation Name

ORBIT INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

6015 N.W. 113 TRAIL  
MIAMI FL 33015

P.O. BOX 173506  
MIAMI FL 33017

FILED

01 MAY 21 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

91-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/22/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0524488	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	PEREZ, ORLANDO	6015 N.W. 113 TRAIL	MIAMI FL 33012
VPS	MORALES, JENNY	6015 NW 113 TERRACE	MIAMI FL 33012
	900.00 - Adm		
	61.25 - AR		
	88.75 - ARsup		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORALES, JENNY 5011 S.W. 196 LANE FORT LAUDERDALE FL 33332	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Jenny Morales **SIGNATURE REQUIRED** Date 4-21-01  
REGISTERED AGENT MUST SIGN

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., 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)(i), 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:

Jenny Morales **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/21/01

Daytime Phone # 3059707785

CR2E040 (8/99)