

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P94000066777

1. Corporation Name

ORNOMA CORPORATION

Principal Place of Business

Mailing Address

3670-3672 W 12TH AVE  
HIALEAH FL 33012

3670-3672 W 12TH AVE  
HIALEAH FL 33012



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

09/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0524376

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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
P	ORTELIO SANABRIA	75 N.W. 45 AVE.	MIAMI FL
S	MARTHA M. RODRIGUEZ	13984 S.W. 51ST LANE	MIAMI FL

700003506537--7  
-12/20/00--01007--022  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, MARTHA M.  
3670-3672 W 12TH AVE  
HIALEAH FL 33012

Name

Ortelio Sanabria

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

3670-3672-W 12 Ave.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

*Ortelio Sanabria*  
REGISTERED AGENT MUST SIGN

Date

11/1/00

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:

*Ortelio Sanabria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 1, 2000

Daytime Phone #

CR2E040 (8/00)

604 N. Glades St (2)  
Miami, Fl 33144

11/5/00

Division of Corporations  
Annual Report & Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

This is in Reference to our client  
"Omoma Corporation" PA4000066777  
He had sent the original amount \$150.00.

He did not receive any other only the one  
that I am answering that is paid.

Hoping this error can be resolved  
He did not receive any other pertaining to the  
Corporation. Report.

The address was wrong on the last letter  
he received.

3670  
West 12<sup>th</sup> Ave  
Hialeah, Fl. 33015

} 3672-3672 N 12<sup>th</sup> Ave  
not } Hialeah, Fl 33012

Sincerely  
Randy T. Gandy

(305) 266-4451