

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

097000004009

1. Corporation Name

ORBA Enterprises, Inc.

1223 East Concord Street
1223 East Concord Street

2. Principal Office Address

1223 East Concord Street

3. Mailing Office Address

1223 East Concord Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida 32803

City & State

Zip
32803

Country
USA

Zip
32803

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida 1/9/1997**

5. FEI Number
59-3416597

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
Agustin R. Benitez

Street Address (P.O. Box Number is Not Acceptable)
1223 East Concord Street

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32803

900039469119
07/23/04--01025--007 **900.00
900039469119
07/23/04--01025--008 **8.75

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

Date 7/22/04

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
DPT	Georgina Baez	14874 Lone Eagle Drive	Orlando, Florida 32803
VPS	Miguel Ortiz	14874 Lone Eagle Drive	Orlando, Florida 32803

7/27/30

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)(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:

Georgina Baez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/04

Date

407-894-5000 ext 24

Daytime Phone #

CR20081 (01/04)