

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 NOV 20 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018148

1. Corporation Name

ORLEANS Enterprises, INC.

2. Principal Office Address

117 Drewson Dr.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32536

Country

3. Mailing Office Address

117 Drewson Dr.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32536

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified  
To Do Business in Florida

9/25/98

5. FEI Number

☒ 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

Gerald Rusich

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

117 Drewson Dr.

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

580003479125--6

-11/28/00--01104--011

\*\*\*\*758.75 \*\*\*\*758.75

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

Gerald Rusich

REGISTERED AGENT MUST SIGN

Date 11-19-00

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
Pres.	Gerald Rusich	117 Drewson Dr.	Crestview, FL 32536
Vice Pres.	Steve Rusich	117 Drewson Dr.	Crestview, FL 32536
			LS

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:

Steve Rusich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-2000

Daytime Phone #

(950) 682-1575

CR2E081 (9/99)