

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018148

1. Corporation Name

Orleans Enterprises, Inc.

300040592983

08/27/04--01084--001 **1058.75

2. Principal Office Address

117 Drewson St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1334

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Gretna, LA

Zip

32536

Country

USA

Zip

70054

Country

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/25/98

5. FEI Number

62 173 0240

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

Steve Rusich

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

117 Drewson St

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

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**

Steve Rusich

Date

8/20/04

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
P	Steve Rusich	117 Drewson St	Crestview FL 32536
S	Gerald S Rusich Jr	421 Oak Rd	Belle Chasse LA 70037

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:

Gerald S Rusich Jr

Gerald S Rusich Jr 8/19/04 850 3054699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)