

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 25 PM 4:18

DOCUMENT # **P98000039959**

1. Corporation Name
ORA VERA, INC

2. Principal Office Address
2525 N STATE RD 7
Suite, Apt. #, etc.

3. Mailing Office Address
2525 N STATE RD 7
Suite, Apt. #, etc.

City & State
SUITE 115
Hollywood FL
Zip Country
33021 USA

City & State
SUITE 115
Hollywood FL
Zip Country
33021 USA

REINSTATEMENT 00-01

08-03-00 - 90639 037 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida
05/08/1998

5. FEI Number
65-091092

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

7. Name and Address of Current Registered Agent

Name
DANY BAR

Street Address (P.O. Box Number is Not Acceptable)
3728 NE 209TH TERRACE

Suite, Apt. #, Etc.

City State Zip Code
AVENTURA FL 33180

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 **[Signature]** Date **5-22-01**
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.D.	DANY BAR	3728 NE 209TH TERRACE	AVENTURA FL 33180

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: **[Signature]** Date **5-22-01** 305-785-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #