

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 15 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063312

1. Corporation Name

ORLANDO INDUSTRIAL CONTRACTORS, INC.

2. Principal Office Address

364 E. LANDSTREET ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32824

Country

USA

3. Mailing Office Address

P. O. BOX 590728

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32859-0728

Country

USA

REINSTATEMENT *03-05*

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

5. FEI Number

59-2232423

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

ALAN COCHRAN

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

364 E. LANDSTREET ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

300048982083
03/23/05 01000 013 **1051.00

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]

REGISTERED AGENT MUST SIGN

Date 1/31/05

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	ALAN COCHRAN	2618 ORCHID LANE	KISSIMMEE, FLORIDA 34744
VP D	KAREN COCHRAN	2618 ORCHID LANE	KISSIMMEE, FLORIDA 34744

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]

ALAN COCHRAN
PRES.

1/31/05

407-855-3959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #