

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000077850**

1. Corporation Name

**ORIENTE USA CORPORATION**

Principal Place of Business

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

177 NW 72 AVE.

Suite, Apt. #, etc.

1-AA-20

City & State

Miami, Florida

Zip

33120

Country

USA

3. New Mailing Office Address, If Applicable

177 NW 72 AVE.

Suite, Apt. #, etc.

1-AA-20

City & State

Miami, Florida

Zip

33120

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1998

5. FEI Number

05 0843991

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RODRIGUEZ, MANUEL	520 BRICKELL KEY DRIVE SUITE 0-3	MIAMI FL 33131
		10411 NW 48th Street	Miami, FL 33178
			800003046498--8
			-11/16/99--01104--006
			*****750.00 *****750.00
			ITS

**REINSTATEMENT 99**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FREEMAN, STEPHAN A~~  
~~520 BRICKELL KEY DRIVE~~  
~~SUITE 0-305~~  
~~MIAMI FL 33131~~

NO.

Name

MANUEL SILVA RODRIGUES

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

10411 NW 48th STREET

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/01/99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/99 (305) 2104-4404  
Date Daytime Phone #

CR2ED-00 (9/99)