

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 10 PM 2:59

DOCUMENT # P98000098698

1. Corporation Name

ORSA INTERNATIONAL CORP

2. Principal Office Address

10240 SW 56 ST

Suite, Apt. #, etc.

114C

City & State

MIAMI FL

Zip

33165

Country

DADE

3. Mailing Office Address

15511 SW 144 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33177

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1998

5. FEI Number

65-0877325

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

TERESA TABORDA

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

15511 SW 144 CT

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33177

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

REGISTERED AGENT MUST SIGN

Date

4/28/01

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
PTD	SEBASTIAN SADOVSKY	15511 SW 144 CT	MIAMI FL 33177
SD	NEYLA TABORDA	15511 SW 144 CT	MIAMI FL 33177

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:

NEYLA TABORDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/01 (305) 270-6774

Daytime Phone #

CR2E081 (9/00)

Orsa International Corp  
10240 SW 56<sup>th</sup> St Suite 114-C Miami Fl 33165  
305 270-6774

April 28, 2001


Florida Department of State  
Tallahassee Fl

Ref: Annual Report 2000, 2001  
Document # P98000098698

Sirs:

We are requesting decrees on penalties for filling late. We moved our offices to Miami at the end of 1999, and we never received the form for the year 2000 annual report. We are including a check for the two years together with the reinstatement form.

Thank you.

  
Neyla Taborda  
Secretary.