


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

CORPORATION  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 12 PM 12:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P99000081693 1. Corporation Name ORDEP & ALEBASI CORPORATION		
2. Principal Office Address 6600 KINGSPONTE PKWY Suite, Apt. #, etc. City & State ORLANDO, FLORIDA Zip Country 32819 U.S.	3. Mailing Office Address 6600 KINGSPONTE PKWY Suite, Apt. #, etc. City & State ORLANDO, FL Zip Country 32819 U.S.	
4. Date Incorporated or Qualified To Do Business in Florida SEPT. 09, 1999 5. FEI Number 59-3604805 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent Name NORBERTO DUARTE Street Address (P.O. Box Number is Not Acceptable) 272 CELEBRATION BLVD Suite, Apt. #, Etc. City CELEBRATION		900004603299-2 -09/20/01--01078--018 ****300.00 ****300.00
State FL	Zip Code 34747	

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 **9/9/2001**

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
PDT	ANTONIO VINICIUS MONTEIRO	6600 KINGSPONTE PKWY	ORLANDO, FL, 32819
SEC	NORBERTO DUARTE	6600 KINGSPONTE PKWY	ORLANDO, FL, 32819
		6600 KINGSPONTE PKWY	
00-014BR 78			

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]* **NORBERTO DUARTE** Date **09/09/01** Daytime Phone # **407-248-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **OFFICER**

APR 2001

Florida Department of State,

Because we have never received the correspondence to pay the annual report, we failed to pay the annual reports.

We kindly request to pay the past due amount without any additional charges. Attached follows check for payment of year 2000 and 2001.

Sincerely,

ORDEP & ALEBASI, INC