

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101289

**1. Corporation Name**

ORION IT SOLUTIONS, INC.,  
19354 SW 106TH AVENUE  
MIAMI FLORIDA 33157

**2. Principal Office Address**

19354 SW 106TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

MIAMI-DADE

**3. Mailing Office Address**

19354 SW 106TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

MIAMI-DADE

**REINSTATEMENT**

W-03

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

11/18/1999

**5. FEI Number**

WILL APPLY

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

SUNNY CASANOVA

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

19354 SW 106TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

**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 11/12/2003

**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
PD	KATHERINE ROUGE	19354 SW 106TH AVENUE	MIAMI, FL 33157
STD	SUNNY CASANOVA	19354 SW 106TH AVENUE	MIAMI, FL 33157

**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:

KATHERINE ROUGE/PRES. 11/12/2003 (786) 256-2774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #