

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 20 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19887

1. Corporation Name

ORCHID LAND INC

2. Principal Office Address - No P.O. Box #

7883 Country Club Rd

Suite, Apt. #, etc.

3. Mailing Office Address

7883 Country Club Rd

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

Zip

Country

33710

City & State

St Petersburg FL

Zip

Country

33710

800120855128

03/20/08--01047--015 ***450.00

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Edward Alex

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

7883 Country Club Rd.

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33710

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Edward Alex

REGISTERED AGENT MUST SIGN

Date 3-15-08

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
President	Edward Alex	7883 Country Club Rd	ST PETERSBURG FL 33710
V-President	Jo Alex	7883 Country Club Rd	St Petersburg FL 33710
SECRETARY	Jo Alex	" "	" " "
		07/3/21	
Director	Edward Alex	" "	" "
Director	Jo Alex	" "	" "

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 contained in Chapter 119, 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:

Edward Alex President

3-15-08

505-450-7966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #