

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

03 OCT 13 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S19887

1. Corporation Name

ORCHID LAND, INC.

*Handwritten initials*

**REINSTATEMENT 92-03**

700023747527  
10/13/03--01055--015 \*\*2408.75

2. Principal Office Address

319 33RD ST. W

Suite, Apt. #, etc.

3. Mailing Office Address

319 33RD STREET W

Suite, Apt. #, etc.

City & State

PALMETTO, FL

City & State

PALMETTO, FL

Zip

34221

Country

USA

Zip

34221

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1990

5. FEI Number

65-0251820

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

ALEX, EDWARD JR.

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

319 33RD STREET W

Suite, Apt. #, Etc.

City

PALMETTO

State

FL

Zip Code

34221

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 Jr. Price*

REGISTERED AGENT MUST SIGN

Date

10-9-03

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
D	ALEX, EDWARD JR.	319 33RD STREET W	PALMETTO, FL 34221
D	ALEX, JOSEPHINE	319 33RD STREET W	PALMETTO, FL 34221

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:

*Edward Alex Jr. Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

CR-2081 (9/01)