

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 10 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60820

1. Corporation Name

Orlando 1992, Inc.

2. Principal Office Address

4649 Ponce De Leon Blvd.,

3. Mailing Office Address

Same

Suite, Apt. #, etc.
Suite 404

Suite, Apt. #, etc.

City & State
Coral Gables, Florida

City & State

Zip
33146

Country
USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 10/09/1992

5. FEI Number
65-0364981

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
Ciriaco Sanchez

Street Address (P.O. Box Number is Not Acceptable)
4649 Ponce De Leon Blvd.

Suite, Apt. #, Etc.
404

City
Coral Gables

State
FL

Zip Code
33146

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

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
PST	Ciriaco Sanchez	4649 Ponce De Leon Blvd., Suite 404	Coral Gables, Florida 33146
VP	Carlos Sanchez del Saz	4649 Ponce De Leon Blvd., Suite 404	Coral Gables, Florida 33146
VP	Sonia Sanchez del Saz	4649 Ponce De Leon Blvd., Suite 404	Coral Gables, Florida 33146

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #