

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

97 APR 25 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V51433**  
1. Corporation Name  
**ORIA Stamp Concrete, Inc.**

Principal Place of Business Mailing Address  
**1210 SW 132 Ave.  
MIAMI FL. 33184**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>8021 SW 129 Ter.</b>	3. New Mailing Office Address, If Applicable <b>SAME.</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>7-16-92</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0420174</b>
City & State <b>MIAMI FL.</b>	City & State	Applied For <input type="checkbox"/>
Zip <b>33176</b>	Country <b>DADE.</b>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	S8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	ISMAEL M. ORIA	1210 SW 132 Ave.	MIAMI FL 33184
V.PRES.	ISMAEL F. ORIA	1210 SW 132 Ave	MIAMI FL 33184
			600002158156--0 -04/29/97--01052--019 ***1080.00 ***1080.00

**REINSTATEMENT 95-97**  
*A. Alan*  
**4/29/97**

8. Name and Address of Current Registered Agent <b>STANLEY JAY BARTEL 550 Courthouse Tower MIAMI FL 33130</b>	9. Name and Address of New Registered Agent Name <b>ISMAEL F. ORIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1210 SW 132 Ave</b> Suite, Apt. #, Etc. <b>0</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33184</b>
--------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **4-21-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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]* **ISMAEL M. ORIA** **4/21/97** **305-254-2997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2ED040 (12/96)