

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 31 PM 3:55

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99-00

DOCUMENT # 712026

1. Corporation Name
International Visitors Council of Central Florida, Inc.

2. Principal Office Address 1400 W. Fairbanks Avenue Suite, Apt. #, etc. Suite 102 City & State Winter Park, FL Zip 32789		Country U.S.A.		3. Mailing Office Address 1400 W. Fairbanks Avenue Suite, Apt. #, etc. Suite 102 City & State Winter Park, FL Zip 32789		Country U.S.A.	
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REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 12/28/1966

5. FEI Number 59-1837575 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
Chastang, Lawrence J.

Street Address (P.O. Box Number is Not Acceptable)
1400 W. Fairbanks Avenue

Suite, Apt. #, Etc.
Suite 102

City
Winter Park

State
FL

Zip Code
32789

300003222093-8
-04/25/00-01010-010
****297.50 ****297.50

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 _____ Date 3/21/00

REGISTERED AGENT MUST SIGN

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	George Schank D	715 West State Road 434, Suite G D	Longwood, FL 32750 D
Vice President	Patricia Gehri D	1850 Lee Road, Suite 300 D	Winter Park, FL 32789 D
Treasurer	Lawrence Chastang D	1400 W. Fairbanks Avenue, Suite 102 D	Winter Park, FL 32789 D
Secretary	Janet Pappalardo D	98 Wisteria Drive D	Longwood, FL 32779 D

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: _____ Lawrence Chastang 3/21/00 407-629-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E081 (8/99)