

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 NOV 24 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715680**

1. Corporation Name

NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4253 PONCAN ROAD
P.O. BOX 786
ZELLWOOD FL 32798-7786

4253 PONCAN ROAD
P.O. BOX 786
ZELLWOOD FL 32798-7786



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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/09/1968	
City & State		City & State		5. FEI Number	
Zip		Country		59-2022527	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 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
VP	BIRKO, DAVID <i>BY GARY</i>	5844 ROAD LAKE RD	APOPKA FL Zellwood, FL 32798
TD	ODOM, FAYE P <i>BIRKO, DAVID</i>	4629 PLYMOUTH-SORRENTO RD P.O. B <i>340N. COTTON AVE.</i>	PLYMOUTH FL Apopka FL
SD	RUSSELL, LEONA	32239 WOLFBRANCH LANE	SORRENTO FL
PD	MILLER, GARRY	222 N KELLY PARK ROAD	APOPKA FL
			200002360232--7 -12/02/97--01017--007 ***236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, GARRY 222 W KELLY PARK ROAD APOPKA FL 32712		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *Garry Miller* Date: 10-29-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No *NA* (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: *Garry Miller* Date: 10-29-97 Daytime Phone #: 407-425-1939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPCE040 (8/97)