PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 30 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600008697706
10/30/02--01048--022 **245.00

REINSTATEMENT 02

DOCUMENT # 731939

1. Corporation Name

THE ALLIANCE FRANCAISE OF GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
~~2431 ALOMA AVE., STE. 168~~ ~~WINTER PARK FL 32792-2541~~ US	P.O. BOX 149321 ORLANDO FL 32814 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 1516 E. COLONIAL DR #301	Suite, Apt. #, etc.:
City & State: ORLANDO FL	City & State:
Zip: 32803 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1975

5. FEI Number: 23-7452521 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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	4 City / State / Zip
P	~~GAUMIER, ALAIN~~ MURIELLE BESNER	~~306 BLUE JACKET LANE~~ 1215 Birch Creek Dr	ORLANDO FL ~~32825~~ 32828
D	~~ELLIS, GEORGE~~ LODDE, BERNARD	~~268 SPINGRID ROAD~~ 421 EVESHAM PLACE	~~LONGWOOD FL 32779~~ LONGWOOD FL 32779
D	HUSTON, DENISE	915 PARK MANOR DRIVE	ORLANDO FL
D	~~BENBASSAT, DANIEL~~ GERARD SCALABRE	~~2515 CHRISTINE DRIVE~~ 775 OAKLAND HILLS CIRCLE	~~KISSIMMEE FL 34744~~ LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

~~GAUMIER, ALAIN~~ MURIELLE BESNER
~~306 BLUE JACKET LANE~~ 1215 BIRCH CREEK DR
~~ORLANDO FL 32825~~ ORLANDO, FL 32828

9. Name and Address of New Registered Agent

Name: MURIELLE BESNER
Street Address (P.O. Box Number is Not Acceptable): 1215 Birch Creek Dr
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32828

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Murielle Besner
REGISTERED AGENT MUST SIGN
Date: 10/25/02

11. I certify that I am an officer or director of 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 REQUIRED DENISE HUSTON 10/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #