

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **OR** REINSTATEMENT

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



FILED

99 NOV 15 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747162

1. Corporation Name
CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.

Principal Place of Business	Mailing Address
750 S. ORANGE AVENUE C/O JULIE WOLF WINTER PARK FL 32789 US	750 S. ORANGE AVENUE C/O JULIE WOLF WINTER PARK FL 32789 US

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

2. New Principal Office Address, if Applicable 315 E. Robinson St., Ste. 580 Suite, Apt. #, etc. C/o Kimberly Sterling City & State Orlando, FL Zip 32801 Country USA	3. New Mailing Office Address, if Applicable ← same Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 05/14/1979 SP
5. FEI Number 59-3351739		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT **OR**

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
30 VD	LEGG, WILLIAM E.	2714 Rew Circle 195 W. CENTRAL BLVD, SUITE 1200	Ocoee, FL 34761-2990 ORLANDO FL 32801
TD PD	Kimberly Sterling WOLF, JULIE	315 E. Robinson, Ste 212 750 S ORANGE AVENUE Orlando, FL 32801	Orlando FL 32801 WINTER PARK FL 32789
50 VD	Randall Billington PAGE, KATHERINE A	2957 N. State Rd 424, Ste 200 111 NORTH ORANGE AVENUE	Longwood, FL 32779 ORLANDO FL 32801
VD PD	LOWMAN, JOSEPH W JR	150 N. Spring Trail 729 WEST HAWARD STREET	Altamonte Springs, FL ORLANDO FL 32804 32714
TD VD	DETZEL, LAUREN Y	800 NORTH MAGNOLIA AVENUE	ORLANDO FL 32803
D	BABIONE, MARCIA S	4000 EDGEWATER DRIVE	ORLANDO FL 32804

8. Name and Address of Current Registered Agent WOLF, JULIE 750 S. ORANGE AVENUE WINTER PARK FL 32789	9. Name and Address of New Registered Agent Name Kimberly Sterling Street Address (P.O. Box Number is Not Acceptable) 315 E. Robinson Street Suite, Apt. #, Etc. 212 City Orlando State FL Zip Code 32801 12/03/99-01017-027 ***236.25 ***236.25
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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 Kimberly Sterling **REQUIRED** Date 11-8-99

REGISTERED AGENT MUST SIGN

11. 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] **REQUIRED** Date 11-8-99 Daytime Phone # 407-862-6041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR22040 (8/99)