

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -8 AM 11:54

DOCUMENT # **N 23882**

1. Corporation Name
International Association For Financial Planning,
Central Florida Chapter, Inc.

2. Principal Office Address
100 Crown Oak Centre Dr.

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

Zip Country
32750 U.S.A.

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/15/1987

5. FEI Number
59-2974080

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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-08/09/00--01007--016
****481.25 ****481.25

7. Name and Address of Current Registered Agent

Name

Richard B. Crouse

Street Address (P.O. Box Number is Not Acceptable)

100 Crown Oak Centre Drive

Suite, Apt. #, Etc.

City

Longwood,

State
FL

Zip Code
32750

REINSTATEMENT 96-2000

RB
8/9

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

Richard B. Crouse

REGISTERED AGENT MUST SIGN

Date 7/25/00

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
P/D	Gene Balliett	631 S. Orlando Ave #100	Winter Park, FL 32789
P/D	Roger Tolke	1531 Aloma Ave.	Winter Park, FL 32789
T/D	Richard B. Crouse	978 Douglas Ave. #102 Alt. Spg FL	32714

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: *Richard B. Crouse* Richard B. Crouse
Date 7/25/00 407 331-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)