PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
			ARTMENT OF STATE			•	
FORCE		Katherine Harris Secretary of State		}	g ^{ate} [
I REINSTATEMENT NOW		VISION OF CORPO	·		Dens.	ILED	
DOCUMENT #N40334 WC			0000-7294		00 APR 10 AM 10: 33		
French-American Business Council for Greats				SECRETARY OF STATE			
Orlando (Central Florida), Inc. DBA FRENCH- Orlando (Central Florida), Inc. DBA FRENCH- Principal Place of Business Mailing Address Mailing Address Mailing Address					TALLAHA	SSEE. FLORIDA	
Principal Place of Business Mailing Address				<u> </u>			
19786 West Itio Divisori May 51° John Nada							
Kissimmee, FL 34746 4786 West Bronson,			Irlo Iwu				
,	K	issimmee t	=1 34746	RETA	STATEMEN		
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable		nformation and enter ing Office Address, If			POTATEMEN Porated or Qualified	0000	
Suite, Apt. #, etc. Suite, Apt. #, et				To Do Business in Florida			
City & State City & State				5. FEI Number Applied For			
				59-3033537 Not Applicable			
Zip - Country	Zip	Countr	y	CERTIFICAT		5 Additional Fee required 5 :- or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s) and/or Directors	Of	reet Address of Each ficer and/or Director se Post Office Box N		City / Sta	te / Zip		
PIDI John Nadd		9217 Hidden Bay Lo		Lane	Orlando, F.	L 32879	
D BRIGHT PAGOT		1144 Somersworth Ct		Ct	Orlando FL	32806	
D CHRISTIAN MURRY		100 Spinwood Ct			Kissimmee F		
Do Minibus Gutterasz		Park Avenue			Winter Park	FL	
30000				00003215	2834		
					-04/19/00L ****551.25) 1099024 ****551.25	
8. Name and Address of Current	Registered Age	ent .		9. Name and	Address of New Registered A	gent	
John Nadd				Name Street Address (P.O. Box Number is Not Acceptable) Suite Act # Etc.			
4786 West Irlo Bronson Hwy.			Street Address (P.O. Box Number is Not Acceptable)				
Kissimmee, FL 34746			Suite, Apt. #, Etc.				
			City State Zip Code				
10. It 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 John Scott N 44 REGISTERED AGENT MUST SIGN Date 3 13 2000							
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (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: John Scott North 3/13/2000 02 407-3						376 1828	
SIGNATURE: SIGNATURE AND TYPED OR PRI			DIRECTOR		Date Day	176 XUO 6	