

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PO8000045358*

1. Corporation Name
Florida Orlando Tickets, Inc.

W13-5581

2. Principal Office Address - No P.O. Box #
2509 Prairie View Dr.

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Winter Garden, FL

Suite, Apt. #, etc.

City & State
Florida

City & State

Zip
34787

Country
United States

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
2-15-1998

5. FEI Number
68-05-05-142

Applied For
Not Applicable

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

900252374149
10/22/13--01006--005 **\$300.00

900252374149
10/03/13--01035--001 **\$750.00

7. Name and Address of Current Registered Agent

Name
Lorraine Moss
Street Address (P.O. Box Number is Not Acceptable)
2509 Prairie View Drive

Suite, Apt. #, Etc.

City
Winter Garden

State
FL

Zip Code
34787

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
Lorraine Moss
REGISTERED AGENT MUST SIGN

Date
10/02/2013

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
Pres.	Lorraine Moss	2509 Prairie View Dr	Winter Garden, FL 34787
VP/Sec.	Flaine Forst	4357 Reeves Rd	Kissimmee, FL 34746
Secretary	Ashley Moss	2509 Prairie View Dr	Winter Garden, FL 34787

REINSTATEMENT

OCT 22 2013

R. HUNT

10. E-mail Address: *LOREMOSS @ G. Mail . Com*
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Lorraine Moss*