

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **OR**  
REINSTATEMENT



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

DOCUMENT # **747162**

1. Corporation Name

**CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.**

Principal Place of Business

Mailing Address

~~750 S. ORANGE AVENUE~~  
~~G/O JULIE WOLF~~  
~~WINTER PARK FL 32789~~  
~~US~~

~~750 S. ORANGE AVENUE~~  
~~G/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.

**G/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 ☐

\$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
<b>30 VD</b>	<b>LEGG, WILLIAM E.</b>	<b>2714 Rew Circle, 195 W. CENTRAL BLVD, SUITE 1200</b>	<b>Orlando, FL 32761-2990 ORLANDO FL 32801</b>
<b>TD PD</b>	<b>Kimberly Sterling WOLF, JULIE</b>	<b>315 E. Robinson, Ste 212 750 S ORANGE AVENUE Orlando, FL 32801</b>	<b>Orlando FL 32801 WINTER PARK FL 32789</b>
<b>SD VD</b>	<b>Randall Billington PAGE, KATHERINE A</b>	<b>2957 N. State Rd 434, Ste 200 111 NORTH ORANGE AVENUE</b>	<b>Longwood, FL 32779 ORLANDO FL 32801</b>
<b>VD PD</b>	<b>LOWMAN, JOSEPH W JR</b>	<b>150 N. Spring Trail 728 WEST HAWARD STREET</b>	<b>Altamonte Springs, FL ORLANDO FL 32804 32714</b>
<b>TD, VD</b>	<b>DETZEL, LAUREN Y</b>	<b>800 NORTH MAGNOLIA AVENUE</b>	<b>ORLANDO FL 32803</b>
<b>D</b>	<b>BABIONE, MARCIA S</b>	<b>4000 EDGEWATER DRIVE</b>	<b>ORLANDO FL 32804</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WOLF, JULIE~~  
~~750 S. ORANGE AVENUE~~  
~~WINTER PARK FL 32789~~

Name  
**Kimberly Sterling**

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

**315 E. Robinson St., Ste 212**

Suite, Apt. #, Etc.

**212**

City

**Orlando**

**12/03/99 - 01017-027**

**\*\*\*236.25 \*\*\*236.25**

State

**FL**

Zip Code

**32801**

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**  
REGISTERED AGENT MUST SIGN

Date

**11-8-99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**

**11-8-99**

Date

**407-862-6041**

Daytime Phone #