

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 MAR 31 PM 3:55

DOCUMENT # 712026

**1. Corporation Name**

International Visitors Council of Central Florida, Inc.

**2. Principal Office Address**

1400 W. Fairbanks Avenue

Suite, Apt. #, etc.

Suite 102

City & State

Winter Park, FL

Zip

32789

Country

U.S.A.

**3. Mailing Office Address**

1400 W. Fairbanks Avenue

Suite, Apt. #, etc.

Suite 102

City & State

Winter Park, FL

Zip

32789

Country

U.S.A.

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/28/1966

**5. FEI Number**

59-1837575

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Chastang, Lawrence J.

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

1400 W. Fairbanks Avenue

Suite, Apt. #, Etc.

Suite 102

City

Winter Park

State  
**FL**

Zip Code  
32789

300003222093-8  
-04/25/00-01010-010  
\*\*\*\*297.50 \*\*\*\*297.50

**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

REGISTERED AGENT MUST SIGN

Date 3/21/00

**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
President	George Schank D	715 West State Road 434, Suite G D	Longwood, FL 32750 D
Vice President	Patricia Gehri D	1850 Lee Road, Suite 300 D	Winter Park, FL 32789 D
Treasurer	Lawrence Chastang D	1400 W. Fairbanks Avenue, Suite 102 D	Winter Park, FL 32789 D
Secretary	Janet Pappalardo D	98 Wisteria Drive D	Longwood, FL 32779 D
			AD

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Chastang

3/21/00

Date

407-629-1944

Daytime Phone #

CP2E081 (9/99)