

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 29 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 70-1668

1. Corporation Name

Orlando Area Advertising Federation Inc.

2. Principal Office Address

P.O. Box 1614

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32802

Country

USA

3. Mailing Office Address

P.O. Box 1614

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32802

Country

USA

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

11/14/1960

5. FEI Number

591623474

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

Marsha Sterling

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

633 N. Orange Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

800003656988-9

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REINSTATEMENT 89-011

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

Marsha Sterling President

Date 1/26/01

REGISTERED AGENT MUST SIGN

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/O	Marsha Sterling	633 N. Orange Ave.	Orlando FL 32801
PE/D	Cyndy Motta	2251 Lucien Way, Suite 200A	Maitland FL 32751
V/D	Dana Clary	P.O. Box 10,000	Lake Buena Vista FL 32830
T/D	Gary LaPage	600 E. Washington St	Orlando FL 32801
S/D	Joetta Wolpert	475-L Fentress Blvd	Daytona Beach FL 32114

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:

Mary E. LaPage - Gary E. LaPage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2001
Date

407-849-0100
Daytime Phone #

CR2E081 (9/99)