

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT 20 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705902

1. Corporation Name

MARLANDO CLUB OF ORLANDO, INC.

2. Principal Office Address

1621 BOYER ST

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750-6287

Country

SEMINOLE

3. Mailing Office Address

1621 BOYER ST

Suite, Apt. #, etc.

City & State

LONGWOOD, FL.

Zip

32750-6287

Country

SEMINOLE

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1963

5. FEI Number

596132820

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

ELIZABETH K. CONKLIN

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

1621 BOYER ST

Suite, Apt. #, Etc.

City

LONGWOOD

500081074305

10/20/06--01057--001 **1163.75

State

FL

Zip Code

32750-6287

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

Elizabeth K. Conklin

REGISTERED AGENT MUST SIGN

Date *Oct 17, 2004*

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/D	HAYNE, AUDREY	300 E. CHURCH ST. #1119	ORLANDO, FL. 32801-3544
VP/D	ERIKSEN, SHIRLEY	2409 DOMINICA RUN	WINTER PARK, FL. 32792-1615
VP	BOBROWSKI, CAROL	2959 SABEL OAK PL	OVIEDO, FL. 32765-9195
VP	DAVICH, IRENE	690 OSCEOLA AVE. #303	WINTER PARK, FL. 32789-4408
S/D	CIEKOT, DOROTHY	2902 OVERLAKE AVE.	ORLANDO, FL. 32806-7457
T	CONKLIN, ELIZABETH K.	1621 BOYER ST.	LONGWOOD, FL. 32750-6287

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 contained in Chapter 119, 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:

Audrey Hayne

Audrey Hayne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/06

407-425-1033x 1119

Daytime Phone #