

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 18 AM 11:17

DOCUMENT # 715769

**1. Corporation Name**

W. LeRoy and Elizabeth Traylor Foundation, Inc.

**REINSTATEMENT**

74-06

CR2E081 (12/05)

**2. Principal Office Address**

1911 Traylor Blvd

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

Zip

32804

Country

USA

**3. Mailing Office Address**

P.O. Box 547937

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

Zip

32854-7937

Country

USA

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

12-68

**5. FEI Number**

23-7001931

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

William E. Comer

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

6233 W. Robinson St

Suite, Apt. #, Etc.

N/A

City

Orlando

State

FL

Zip Code

32835

**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

William E. Comer

Date 12-13-06

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	William E. Comer	6233 W. Robinson St.	Orlando, FL 32835
VP	William L. Traylor, Jr.	150 Chelton Circle	Winter Park, FL 32789
T	Frances I. Hale	16004 Sun Flower Trail	Orlando, FL 32828
D	Larry R. Skelton	305 Fisher Drive	Deltona, FL 32727

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**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:**

William E. Comer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-06

Date

(407) 295-2195

Daytime Phone #