

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 JUL 12 PM 4:41

DOCUMENT #

718781

1. Corporation Name

The American Indian  
Association of Florida, Inc.

2. Principal Office Address

P.O. Box 260

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 260

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32790

Country

USA

Zip

32790

Country

USA

**REINSTATEMENT**

98-00

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2/1990 (1990)

5. FEI Number

23-7073242

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

Laura A. Champion

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

6430 Quarterhorse Ln.

Suite, Apt. #, Etc.

City

Orlando

800003329118-0

07/20/00 01013-006

\*\*\*\*\*8.75 \*\*\*\*\*8.75

800003329118-0

07/20/00 01013-007

\*\*\*\*\*358.75 \*\*\*\*\*358.75

State

FL

Zip Code

32818

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

Laura A. Champion

REGISTERED AGENT MUST SIGN

Date July 8, 2000

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	Melody Rousey	5027 Westwinds Dr.	Orlando, FL 32809
V	Sarah Clark	7723 Tern D	Orlando, FL 32822
T	Laura Champion	6430 Quarterhorse Ln.	Orlando, FL 32818
S	Claire Canadian	6924 Holly St. (No mail del. to this street add.)	Zellwood, FL 32798
D	Christi Padgett	P.O. Box 474	Zellwood, FL 32798
D	Carmen Waters	111 Frances Dr.	Altamonte Springs, FL 32714
		1033 Antelope Trail	Winter Springs, FL 32708

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:

Laura A. Champion Laura A. Champion

7/8/00

407/299-9764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D michelle Young 200 Lavender Ct. Orlando, FL 32807