

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 751843

1. Corporation Name

U.S.O. COUNCIL OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

ORLANDO INT. AIRPORT
P.O. BOX 149472
ORLANDO FL 32814
US

ORLANDO INT. AIRPORT
P.O. BOX 149472
ORLANDO FL 32814
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1980 SP

5. FEI Number

59-1662530

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PD	COLLINS, TOM CHIEF	1016 ERROL PARKWAY	APOPKA FL 32712
VD	PELLOSIE, JOHN	3591 LAKE MIRA DRIVE	ORLANDO FL
TD	MCMAMARA, KEVIN	EXECUTIVE AIRPORT HERNDON ST	ORLANDO FL
TD	LARGOMARSINO, TOM	13407 POINTE DRIVE	ORLANDO FL
SD	WALKER, JOYCE	3336 JONJON	ORLANDO FL
ED	WYMAN, BATTY T	4969 CASABA PL	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLINS, TOM CHIEF
1016 ERROL PARKWAY
APOPKA FL 32712

Name

MCMAMARA KEVIN

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

EXECUTIVE AIRPORT

Suite, Apt. #, Etc.

HERNDON ST.

City

ORLANDO FL

State

FL

Zip Code

32803

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Kevin T. McNamara

REGISTERED AGENT MUST SIGN

Date

11/03/2000

11. 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:

Kevin T. McNamara

11/3/2000

407/894-9831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #