

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752673**

1. Corporation Name

THE GREATER WASHINGTON SHORES AREA ASSOCIATION OF ORLANDO, INC.

Principal Place of Business

3811 COLUMBIA STREET
ORLANDO FL 32805
US

Mailing Address

3811 COLUMBIA STREET
ORLANDO FL 32805
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1980

5. FEI Number

59-2539086

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JACKSON, DAVID	3405 ROGERS DRIVE	ORLANDO FL 32805
VPD	THOMAS, EZZIE	929 WOODEN BLVD.	ORLANDO FL 32805
TD	ARTHUR, CARTER J	3811 COLUMBIA STREET	ORLANDO FL 32805
VPD	MAXWELL, MARY	1425 BRUTON BLVD	ORLANDO FL 32805
S	JONES, LORETTA A	3454 ROGERS DR	ORLANDO FL 32805
600009426196 12/10/02--01009--002 **236.25			

8. Name and Address of Current Registered Agent

CARTER, AUTHUR J
3811 COLUMBIA STREET
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Arthur J. Carter

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Dec. 3, 2002

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:

Mary M. Maxwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/02

Daytime Phone #

407-296-6480

CR2E040 (8/02)