

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # **752673**

02 DEC 10 PM 1:47

1. Corporation Name

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

THE GREATER WASHINGTON SHORES AREA ASSOCIATION OF ORLANDO, INC.

Principal Place of Business

Mailing Address

3811 COLUMBIA STREET
 ORLANDO FL 32805
 US

3811 COLUMBIA STREET
 ORLANDO FL 32805
 US



REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida

05/29/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2539086

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

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 12/10/02--01009--002 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTER, AUTHUR J
 3811 COLUMBIA STREET
 ORLANDO FL 32805

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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
 MARY M. MAXWELL
 Date *12/3/02* Daytime Phone # *407-296-6480*

CR2E040 (8/02)