

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 30 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 753175

1. Corporation Name

The Central Florida Chapter of the  
American Marketing Assoc., Inc.

REINSTATEMENT 05-09

2. Principal Office Address - No P.O. Box #

500 Sonata Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6013

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Winter Park, FL

Zip

32708

Country

USA

Zip

32793

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/80

5. FEI Number

59-2027963

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

Karen Kovalsky

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

500 Sonata Ct.

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Karen Kovalsky

REGISTERED AGENT MUST SIGN

Date 9/28/09

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
Pres	Karen Kovalsky	500 Sonata Ct.	Winter Springs, FL 32708
Past Pres.	Andres Goyanes	4630 S. Kirkman Rd #241	Orlando, FL 32811
VP Prog.	Paul Queen	3545 Genova Ct.	Oviedo, FL 32765
VP Memb.	Nancy Noriega	11715 Eagle Bay Lane	Orlando, FL 32827
VP Marktg	Molly Gil	2045 Woodlawn Dr.	Orlando, FL 32803
VP mem. rel	Nyda Bittmann-Neville	3561 Bellington Dr.	Orlando, FL 32835

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:

Karen Kovalsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/09

Date

Daytime Phone #