

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 29 PM 2: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764778

1. Corporation Name

Orlando Wheelchair Games Inc.

W-15064

400003330094--4
-07/20/00--01077--023
****428.75 ****428.75

2. Principal Office Address

4922 Haiti Circle

3. Mailing Office Address

4922 Haiti Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32808

Country

USA

Zip

32808

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 22, 1982

5. FEI Number

59-2429792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

97-00

7. Name and Address of Current Registered Agent

Name

Cheryl A. McConnell

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

4922 Haiti Circle

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32808

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

Cheryl A. McConnell

Date

6/09/00

REGISTERED AGENT MUST SIGN

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
D-	Roger Davis SR.	1710 Queensberry Loop	Orlando FL 32807 <u>Winter Garden</u>
D-	Ted J. Sochar JR.	3610 Pelican LN	Orlando FL 32803
D-	M.P. Davis	1710 Queensberry Loop	<u>Winter Garden</u> Orlando, FL 32807
D-	Cheryl A. McConnell	4922 Haiti Circle	Orlando, FL 32808

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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Cheryl A McConnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/09/00 (407) 822-7792

Date

Daytime Phone #

CR2E081 (9/99)