

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 DEC 28 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768270

1. Corporation Name

CENTRAL FLORIDA CONVENTION SERVICES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12319 S. ORANGE BLOSSOM TRAIL
SUITE 300
ORLANDO FL 32837-6506

12319 S. ORANGE BLOSSOM TRAIL
SUITE 300
ORLANDO FL 32837-6506

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

4. Date Incorporated or Qualified To Do Business in Florida

05/04/1983

5. FEI Number

59-2372777

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
VP	STAHT, MICHAEL	7208 SANDLAKE RD #300 7681 S. ORT	ORLANDO FL
TD	Wendy Love	250 S ORANGE AVE @120 7007 Sea Harbor Drive	ORLANDO FL
VP	Deborah Harbin	7512 DR PHILLIPS BLVD 50-285 5561 S. ORT	ORLANDO FL
VD	Nivian Garry	7600 DR PHILLIPS BLVD 1000 Universal Studios Blvd	ORLANDO FL
TS	Christine Datsch	129 W CHURCH STREET 7703 Orange Tree Lane	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STATON, ATHENA
9753 S. ORANGE BLOSSOM TR.
SUITE 101
ORLANDO FL 32837

Name

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

Suite, Apt. #, Etc.

City

100002726431-5

-12/30/98-01052-001

****175.00 ****175.00

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05, F.S.

Signature of Registered Agent

ATHENA STATON
REGISTERED AGENT MUST SIGN

100002726431-5
-12/30/98-01052-002
Date ****175.00 ****175.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Deborah Harbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/98 407-857-7446

CR2E040 (2/98)