

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F97000002913**

1. Corporation Name

GH ORLANDO, INC.

Principal Place of Business

**353 W. LANCASTER AVE., STE 210
WAYNE PA 19087**

Mailing Address

**353 W. LANCASTER AVE., STE 210
WAYNE PA 19087**

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

06/04/1997

SP

5. FEI Number

23-2905213

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	4 City / State / Zip
P	HOLLOWAY, GARY M	353 W. LANCASTER AVE., STE 210	WAYNE PA
V	ROBINSON, BRUCE	353 W. LANCASTER AVE., STE 210	WAYNE PA
S	COYLE, CATHERINE	353 W. LANCASTER AVE., STE 210	WAYNE PA
AS	DIGIUSEPPE, ROBERT	353 W. LANCASTER AVE., STE 210	WAYNE PA

300003078603--9
-12/22/99--01094--005
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0506, F.S.

Signature of
Registered Agent

Mary Alice Rogers

REGISTERED AGENT MUST SIGN

Date

12-6-99

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 is made under oath.

MARY ALICE ROGERS
Assistant Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert DiGiuseppe
Robert DiGiuseppe, Asst. Secretary

12-3-99

Date

610-687-6321

Daytime Phone #