


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

98 DEC -2 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **H45493**
 1. Corporation Name
GODFREY & ASSOCIATES OF ORLANDO, INC.

Principal Place of Business Mailing Address
**329 Park Avenue, So.
 Winter Park, FL 32789**

If addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98

2. New Principal Office Address, If Applicable
147 W. Lyman Avenue
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
147 W. Lyman Avenue
 Suite, Apt. #, etc.

City & State
Winter Park, FL 32789

Zip Country
Winter Park, FL 32789

4. Date Incorporated or Qualified To Do Business in Florida
03/05/1985

5. FEI Number 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	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
P/D	Elizabeth A. Godfrey	147 W. Lyman Avenue	Winter Park, FL 32789
T	Mona I. McDonald	147 W. Lyman Avenue	Winter Park, FL 32789
S	Lauri Ann Godfrey	147 W. Lyman Avenue	Winter Park, FL 32789

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8. Name and Address of Current Registered Agent
**Elizabeth A. Godfrey
 329 Park Avenue, So.
 Winter Park, FL 32789**

Signature of Registered Agent: *Elizabeth A. Godfrey*
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

Name: **Elizabeth A. Godfrey**
 Street Address (P.O. Box Number is Not Acceptable): **147 W. Lyman Avenue**
 Suite, Apt. #, Etc.

City: **Winter Park** State: **FL** Zip Code: **32789**

Date: _____

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.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Elizabeth A. Godfrey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____