

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

1997 DEC 18 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J26500

1. Corporation Name

CONCESSIONS INTERNATIONAL OF ORLANDO, INC.

Principal Place of Business

9736 AIRPORT BLVD.
ORLANDO FL 32827

Mailing Address

9736 AIRPORT BLVD.
ORLANDO FL 32827



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

07/30/1986

5. FEI Number

59-2789548

☒ 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
PSD	WARD, FELKER W. JR.	504 FAIR ST 100 Peachtree St., Suite 2300	ATLANTA GA 30303
TAS	MAJOR, DONATA R.	504 FAIR STREET 100 Peachtree St., Suite 2300	ATLANTA GA 30303
VD	HILL, JESSE JR.	504 FAIR STREET 100 Peachtree St., Suite 2300	ATLANTA GA 30303
W	WASHINGTON, REGYNALD G.	504 FAIR STREET	ATLANTA GA
CFO	Roger Morrison	100 Peachtree St., Suite 2300	Atlanta, GA 30303

REINSTATEMENT

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name 400002380044-0
-12/23/97-01021-015
Street Address (P.O. Box Number is Not Allowed) 750.00 ***750.00
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 607.0505, F.S.

Signature of
Registered Agent

Donata R. Major

Date 12/16/97

Donata R. Major, Asst. S.T. REGISTERED AGENT MUST SIGN

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:

Donata R. Major

Donata R. Major

Date

Daytime Phone #

12/16/97 (404) 681-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/97)