

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J93365**

1. Corporation Name

WARBURTONS ORLANDO, INC.

Principal Place of Business

Mailing Address

~~499 S.R. 434~~ **11 N. CENTRAL**
SUITE 2015
ALTAMONTE SPRINGS FL 32714
US

PO BOX 807691
ORLANDO FL 32860-7691
US

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

11 N CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APOPKA

City & State

City & State

FL

Zip

Country

Zip

Country

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
VP	CANNON, JAMES M.	3819 FALLING LEAF LANE	ORLANDO FL
S	WILLE, PATRICIA J.	11 N. CENTRAL AVENUE	APOPKA FL
P	MCMULLAN, ROGER	BACK OF THE BANK BLACKBU	BOLTON, ENGLAND
			300003034323--7 -11/03/99--01082--024 ***200.00 ***200.00
			300003034323--7 -11/03/99--01082--025 ***558.75 ***558.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLE, PATRICIA
11 NORTH CENTRAL AVENUE
APOPKA FL 32703

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 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/22/99

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

SIGNATURE:

[Signature] **PATRICIA WILLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/99

Daytime Phone #

(407) 886-5314

FILED

99 OCT 25 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

9902

4. Date Incorporated or Qualified To Do Business In Florida	09/22/1987
5. FEI Number	59-2859113
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

CR25200 (8/99)