PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT STATEM			S	DEPART Secretary	of S				FILED MAR 23 PM 1: 49 Lin lagr of State LAHASSEE, FLORID	_	
DOCUMENT # N000000112 1. Corporation Name									IAL	a. AHABBEE, FLORID	IA	
ARMA of Orlando,Inc									5000959203 7 5 04/05/0701006024 ** 306.25			
2. Principal Office Address - No P.O. Box # 33. Mailing 0 PMB 319					ffice Address , 424 East Central Blvd				REINSTATEMENT 03-07			
Suite, Apt. #, etc. Suite, Apt. #, Bldg 500- Records								Ļ	4. Date Incom	orated or Qualified		
City & State City & State				City & State Orlan	do, Fl			1	To Do Business in Florida 5. FEI Number Applied For Not Applicable			
^z 32809		Country USA		^{Zip} 280 ²	1	Count	ŠA	7	6. CERTIFICATE		Additional Fee required	
7. Name and Address of Current Registered Agent									w	101	a Certificate of Status	
Charlotte Maroth									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you			
Street Address (P.O. Box Number is Not Acceptable) 6501 Magic Way												
Suite, Apt. #, Etc. Bldg 500- R										re certifying the prior notices were not eceived and requesting the reinstatement		
City Orlando						State State 32809				be waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.												
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 3.20.07			
9. Names	and Street A	ddresses	of Each Officer and	or Director (Flo	rida nonpro	fit corpo	orations must list at	t least	t 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
President	Tim O'Toole				1900 Hotel Plaza Blvd			Blvd	Lake Buena Vista, Fl 32830			
VP	Jenny Jolinski				7464 Director's Row			low	Orlando, Fl 32809			
VP	Hal Flomerfelt				1800 Cypress Lake Drive Suite 200			Suite 200	Orlando, Fl 32802			
Treasurer	Charlotte Maroth				6501 Magic Way Building 500				ing 500	Orlando, FI 32809		
Secretary	Peggy Skidmore ტატ				G.O.A.A. One Airport Blvd				rt Blvd	Orlando, FI 32827		
Director	Sharon Huston				450 East South Street, 2nd Floor				nd Floor	Orlando, FI 32801		
10. I certify	that I am an	officer or	director or the recei-	ver or trustee er	npowered to	execut	te this application a	as prov	vided for in cha	pter 607 or 617, F.S. I further ce	ertify 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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.07

407 317-3700 x 5415

Date