

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 10:44

DOCUMENT # **N00000004771**

1. Corporation Name

ORLANDO VISUAL ARTISTS' LEAGUE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**632 EAST LIVINGSTON STREET
ORLANDO FL 32803**

Mailing Address

**632 EAST LIVINGSTON STREET
ORLANDO FL 32803**

REINSTATEMENT 2001

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

2. New Principal Office Address, If Applicable

29 S. ORANGE AVE

Suite, Apt. #, etc.

ORLANDO, FL

City & State

Zip

32801

Country

USA

3. New Mailing Office Address, If Applicable

29 S. ORANGE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2000

5. FEI Number

59-3660022

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HUMMEL, TERRY C ODETTE NIEBERGALL	632 EAST LIVINGSTON STREET 29 S ORANGE AVE	ORLANDO FL 32803 32801
VD	SCHAIN, STEVE	632 EAST LIVINGSTON STREET 29 S. ORANGE AVE	ORLANDO FL 32803 32801
TD	SCHNEIDER, RAE M	632 EAST LIVINGSTON STREET 29 S. ORANGE AVE	ORLANDO FL 32803 32801
S	KIRK, BRIAN	632 EAST LIVINGSTON STREET 29 S. ORANGE AVE	ORLANDO FL 32803 32801
			500004880695--9 02/05/02-01064-003 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name **JAMES MORRIS % DOWNTOWN ARTS DISTRICT**

Street Address (P.O. Box Number is Not Acceptable)

398 W AMELIA STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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

10/31/01

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 shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] **RAE MARIE SCHNEIDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-01

Date

Daytime Phone #

CR2E040 (8/01)