

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -8 PH 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000000 6255

1. Corporation Name

ORANGE COUNTY EDUCATIONAL SOCIAL WORKERS'
ASSOCIATION, INC

700138686777
12/08/08--01043--014 **253.75

REINSTATEMENT 05-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

412 SURREY RUN

Suite, Apt. #, etc.

3. Mailing Office Address

412 SURREY RUN

Suite, Apt. #, etc.

City & State

CASSELBERRY, FLORIDA

Zip

32707

Country

USA

City & State

CASSELBERRY, FLORIDA

Zip

32707

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-20-2000

5. FEI Number

59 3685330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DALE W. DAVIES

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

412 SURREY RUN

Suite, Apt. #, Etc.

City

CASSELBERRY FLORIDA

State

FL

Zip Code

32707

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee 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

Dale W. Davies

Date 12/3/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	DALE W. DAVIES	412 SURREY RUN	CASSELBERRY, FL 32707
VCD	MARY GRAHAM-LAWRENCE	607 TERRACE COVE WAY	ORLANDO, FL 32828
SD	JENNIFER J. BOELE	9923 DEAN ACRE DRIVE	ORLANDO, FL 32825
T	JAN EBERL	806 E. ANDERSON STREET	ORLANDO, FL 32801
T	CYNTHIA SAWYER	5441 LK MARGARET DR APTA	ORLANDO FL 32812

10. 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 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:

Dale W. Davies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/08 407-398-2627

Date

Daytime Phone #

12/8/08