

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 AM 7:15

DOCUMENT # N01000006722

1. Corporation Name

ORLANDO Philippine Weekly

2. Principal Office Address

2705 Sidney Ave

Suite, Apt. #, etc.

Orlando

City & State

Florida

Zip

32810

Country

US

3. Mailing Office Address

2705 Sidney Ave

Suite, Apt. #, etc.

Orlando

City & State

Florida

Zip

32810

Country

US

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

9-18-2001

5. FEI Number

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

Lindi K. James

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

2705 Sidney Ave.

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32810

600054210496

05/10/05--01051--008 **367 50

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

Lindi K. James
REGISTERED AGENT MUST SIGN

Date

4/13/2005

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
Pres.	Lindi K. James	2705 Sidney Ave	Orlando, FL 32810
V.P.	Lindi K. James	2705 Sidney Ave	Orlando, FL 32810
Secy	Lindi K. James	2705 Sidney Ave	Orlando, FL 32810
T	Lindi K. James	2705 Sidney Ave	Orlando, FL 32810

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 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:

Lindi K. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2005
Date

321-695-2993
Daytime Phone #

CR2001 (01/05)