


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**

06 FEB -9 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000049

1. Corporation Name

OLYMPIA HIGH SCHOOL FOUNDATION, INC.

2. Principal Office Address

300 S. Orange Ave.

3. Mailing Office Address

300 S. Orange Ave.

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

400066381224  
02/22/06--01020--025 \*\*358.75

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/02

5. FEI Number

04-3590901

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

Corporation Company of Orlando

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

300 S. Orange Ave.

Suite, Apt. #, Etc.

Suite 1000 (JGW)

City

Orlando

State

FL

Zip Code

32801

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

2-7-06

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
D	James G. Willard	300 S. Orange Ave., Suite 1000	Orlando, FL 32801
D	Reggie Denmark	116 Baywest Dr.	Orlando, FL 32835
D	Yvonne Hargis	6585 Piccadilly Lane	Orlando, FL 32835

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James G. Willard, Dir.

Date

2-7-06

407-423-3200

Daytime Phone #

2/9/06