

5/13/03 90045 030
#6125

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

04 FEB -4 AM 8:00

DOCUMENT # N102000007148

1. Corporation Name

ORLANDO SIXERS, INC.

2. Principal Office Address

P O BOX 671

Suite, Apt. #, etc.

City & State

Clarcona

Zip

32710

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL 32710

Zip

Country

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 17-2002

5. FEI Number

61-1460577

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

Maria P. Cisneros

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

1715 NestHewood Tr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

600028153676

02/03/04--01060--002 **69 00

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

Maria P. Cisneros

Date

1/30/04

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
Pres.	Sonya Crider	P O BOX 671	Clarcona, FL 32710
Vice Pres	Jan Romes	P O BOX 671	Clarcona, FL 32710
Sec/ Treas.	Maria Cisneros	1715 NestHewood Tr	Orlando FL 32837

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: MARIA CISNEROS Maria Cisneros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Date

(407)
292-4740

Daytime Phone #

CR2E081 (10/02)