

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000002671

1. Corporation Name

UNITED NATIONS ASSOCIATION OF THE UNITED
STATES OF AMERICA GREATER ORLANDO
CHAPTER, INC.

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

1353 Harmon Ave

3. Mailing Office Address

PO Box 547355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Orlando, FL

Zip

32789

Country

USA

Zip

32854

Country

USA

7. Name and Address of Current Registered Agent

Name

Sonya Baumstein

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

1353 Harmon Ave

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/2003

5. FEI Number
131623884

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

000161931380
10/20/09-01015-001 \$253.75

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

Date 10/15/09

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
P	Julie Colombino	1353 Harmon Ave	Winter Park, FL 32789
V	Sonya Baumstein	1353 Harmon Ave	Winter Park, FL 32789
T	Matt Umber	2626 Elizabeth St	Orlando, FL 32804
C	Annika Sundell	2626 Elizabeth St	Orlando, FL 32804
S	LaToya Scott	611 Spice Trader Way, #C	Orlando, FL 32818

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:

Sonya Baumstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/09

Date

321-229-4915

Daytime Phone #