

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN -2 AM 11:25

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00300008013

1. Corporation Name

The MakeOver Foundation of  
Central Florida, Inc.

2. Principal Office Address

3974 Marietta Way

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34772

Country

USA

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/2003

5. FEI Number

13-4350566

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

Coleen Hall-Otero

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

3974 Marietta Way

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34772

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

Coleen Hall-Otero

REGISTERED AGENT MUST SIGN

Date

12/20/06

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
P	Coleen Hall-Otero	3974 Marietta Way	St. Cloud, FL 34772
VP	Torae Eastman	3807 Cedar Hammock Trail	St. Cloud, FL 34772
D	Judy Henry	1473 Acorn Court	Kissimmee, FL 34744
			000082912880 01/02/07--01054--018 **358.75
	M. H. S.		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/06 (407) 965-7968

Daytime Phone #