## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000003279

Entity Name: ORLANDO UNCORKED, INC.

FILED Apr 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 540641 610 GROVE COURT ORLANDO, FL 328540641 MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

PO BOX 540641 610 GROVE COURT ORLANDO, FL 328540641 MAITLAND, FL 32751

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANTALEK, RACHEL WILK, LISA C 2981 GOLDENVIEW LANE 610 GROVE COURT

ORLANDO, FL 32812 US MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISA WILK 04/09/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: ANTALEK, RACHEL Name: WILK, LISA
Address: PO BOX 540641 Address: 610 GROVE COURT

City-St-Zip: ORLANDO, FL 328540641 City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: FERGUSON, LISA Name: BIASE, LAURA

 Name:
 FERGUSON, LISA
 Name:
 BIASE, LAURA

 Address:
 PO BOX 540641
 Address:
 610 GROVE COURT

 City-St-Zip:
 ORLANDO, FL 328540641
 City-St-Zip:
 MAITLAND, FL 32751

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 GRZESZCZAK, LISA
 Name:
 ANTALEK, RACHEL

 Address:
 PO BOX 540641
 Address:
 610 GROVE COURT

 City-St-Zip:
 ORLANDO, FL 328540641
 City-St-Zip:
 MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA WILK D 04/09/2006