

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -6 AM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000533

1. Corporation Name

COME OUT WITH PRIDE, INC.

2. Principal Office Address - No P.O. Box #
815 EMERALD LANE

3. Mailing Office Address
P.O. BOX 536981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
USA

Zip
32853

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/18/2006

5. FEI Number
29-4696702

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
DAVID BAKER-HARGROVE

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

Suite, Apt. #, Etc.

City
ORLANDO

State Zip Code
FL 32801

☐ 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.

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

X

Date

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/D	DAVID BAKER-HARGROVE	815 EMERALD LANE	ORLANDO, FL 32801
VP/D	JOHN ZURCHER	4092 EASTGATE DR	ORLANDO, FL 82839
S/D	GINA DUNCAN	2400 MAITLAND CTR PKWY, STE. 14	MAITLAND, FL 32751
T/D	MICHAEL THOMAS	627 VIRGINIA AVE	ORLANDO, FL 32803
REINSTATEMENT			

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/09

Daytime Phone #

407-963-5264

RH