

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 JAN 10 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01022008 REIN-NP CR2E099 (1/07)

DOCUMENT # N06000004484 1. Entity Name ORANGE COUNTY YOUNG REPUBLICANS, INC.					
Principal Place of Business PO BOX 4389 ORLANDO, FL 32802				Mailing Address PO BOX 4389 ORLANDO, FL 32802	
2. Principal Place of Business - No P.O. Box # 301 E PINE STREET		3. Mailing Address Suite, Apt. #, etc. STE. 1400			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32801		Country		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MERRITT, LANCE 7701 COUNTRY PLACE WINTER PARK, FL 32792	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARMODY, CHRIS 301 E. PINE ST., STE. 1400 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200115394652 01/17/08--01027--005 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIXON, CHRISTINA 301 E. PINE ST., STE. 1400 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-08^{KS}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, MARC 301 E. PINE ST., STE. 1400 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/8/08 Daytime Phone #: 352-514-2196		

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