REIN	CATION SALEMENT			ENT OF STATE ortham State		ING THIS FORM	IC
DOCU	JMENT # N067	•		WARREST ROOM			
D 2 G	REATER ORLANDO, II	NC.			1.0	00002786 -02/26/99~ ****122.50	37214 -01078003
Principal Place of Business Mailing Add			ress			****122.50	3 ****122.50
P. O. BOX 162 P. O. BOX ORLANDO FL 32802 ORLANDO			-				
If above addresses are incorrect in any way, line through incorrect. 2. New Principal Office Address, If Applicable 3. New M.			information and enter concertion below alting Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		
Sulte, Apt. #	f, etc.	Suite, Apt	it. #, etc.		5. FEI Numbe		12/18/1984 Applied For
City & State City		City & State	iy & State			59-2471732	Not Applicable
Zip	Country	Ζφ	Cou	intry		E OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Fig. Name of Officers and/or Directors 2			orida nonprofit corporations must list at least 3 directed. Street Address of Each Officer and/or Director (Do NOT Use Prost Office Box Numbers)		ch		
PD	SLAY, ROBYN		12773 NEWFIELD DRIVE		e e 'e e	ORLANDO FL	
VO	MCLOUTH, KELLY	723 MARYLAND AVENUE			WINTER PARK FL		
70	GILLMAN, SHARON		1004 EAST CENTRAL BLVD.		ORLANDO FL		
T D	alicia murv	633 N. Grange Ave. MP-117					
ND	John Speake. 130		130,50	30 S. OKANG AVE		or know, F	(3940)
CD	Paulo Brilley		1217 South Hvy		vy Ft 90	Colo MCCO	(304C)
8. Name and Address of Current Registered Ag HELLER, IRA 275 EAST CENTRAL PARKWAY, #1028 ALTAMONTE SPRINGS FL 32701				Suite, Apt. #, E. SLUTO City City City City City City City City	AISTINN CACCIDE C. Address (P.O. Box Number is Not Acceptable) ADI #, Etc. ADI #, Etc. ADI # (CACCIDE) State Zip Code FL 32800		
10. I, being Signature o Registered	appointed the registered agent of the a	Above named co	rporation, am familia	ar with and accept the	obligations of Sec	Date	18/99
	is corporation owes or angible Personal Prope			year Yes [] No 💢	(Sec other	De for information (
this rein	that I am an officer or director or the re istatement application, the reason for di y the corporation have been paid and it application is true and accurate, and my	ssolution has be ne names of indi	en etiminated, the co viduals listed on this	orporate name satisfie s form do not qualify fo	es the requirement or an exemption ur	s of section 607.0401 or 617	7.0401, F.S., that all fees
SIGNAT	TURE Kritin	c lk	ralde			3/18/9	9 (407) 236 8



P.O. BOX 162 ORLANDO, FL 32802 407/672-9376

Box 7 (cont.)

CD	Katie Brougham	225 East Robinson Street	Orlando, FL 32801
PD	Kristina Ugalde	225 East Robinson Street	Orlando, FL 32801
CD	Jim Hobart	130 S. Orange Ave., Ste. 150	Orlando, FL 32801
CD	Ray Villalobos	633 N. Orange Ave., Mp-117	Orlando, FL 32801



P.O. BOX 162 ORLANDO, FL 32802 407/672-9376

To Whom It May Concern:

We would like to formally request a one-time waiver for the re-instatement fee. A new board has just taken over this organization and we would like to resolve any unsettled matters.

Enclosed, please find all the necessary paper work to re-instate our organization, as well as a check to cover last year's and this year's fees. I have been told the next step will be your department sending us an annual report to file.

Please call me at (407) 236-8300 with any questions. Thank you for your patience and understanding.

Cordially,

Kristina Ugalde President Ad2 Greater Orlando