## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12852

1. Corporation Name

AUTHORS IN THE PARK, INC.

Principal Place of Business

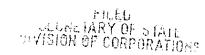
Mailing Address

P.O. BOX 85

SIGNATURE:

P.O. BOX 85

SIGNATURE AND TYPED OF PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR



02 JAN -2 AM 11: 30

12.29.01 407658.

WINTER P	ARK FL 32790	)-0085	WINTER PAI	WINTER PARK FL 32790-0085					
If above	addresses are	e incorrect in any way. Iin	e through incorrect i	nformation a	and enter correction helps	[] [] [] [] [] [] [] [] [] [] [] [] [] [	a troarait		
If above addresses are incorrect in any way, line through incorrect i  2. New Principal Office Address, if Applicable  3. New Mail				ing Office Address, If Applicable 10 14 1 1 14 1 15		#4. Date Incorp	porated or Qualified	0	
Suite, Apt. #, etc. Suite, Apt. #				, etc.		To Do Busi	ness in Florida 12	/31/1985	
City & State City & St				State		5. FEI Numbe	59-2620514	Applied For	
						. 6.	S8.75 Additional Fee required		
	Country Zip		ZIP	Country		CERTIFICATE OF STATUS DESIRED   for a Certificate of Status			
7. Names	and Street Ad	ddresses of Each Officer	and/or Director (Flo	rida nonpro	fit corporations must list at lea	ast 3 directors)			
Title(s)	s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	FOLEY, DAVID			1015 N. SOLANDRA DR.			ORLANDO FL 32807		
VD	CAFFREY, KERI			236 EDINBURGH DR			WINTER PARK FL 32792		
TD	FOLEY, JENNIFER			1015 N. SOLANDLA DR.			ORLANDO FL 32807		
					7, 1	20	00047694 	1722 054-001 ****236.25	
8. Name and Address of Current Registered Ager					t 9. Name and Address of New Registered Agent			geıpt	
FOLEY, DAVID 1015 N. SOLANDRA.DR					Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32807-1931				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.					
					City	<del></del>	State <b>FL</b>	Zip Code	
10. I, being Signature o Registered	, <i>(</i>	e registered agoer of the	above named corpo	. 17 E.		oligations of Secti		9.01	
this rein: owed by	statement app the corporati	plication, the reason for d ion have been paid an	isselution has been he names of individu	eliminated, i Jals listed or	the corporate name satisfies t	the requirements an exemption und	pter 607 or 617, F.S. I further c of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. Th	1. F.S., that all fees	