

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N18893**

1. Corporation Name

OSCEOLA WISH FOUNDATION, INC.

Principal Place of Business

Mailing Address

921 W EMMETT ST
KISSIMMEE FL 34741
US

921 W EMMETT ST
KISSIMMEE FL 34741
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~514 Golfspark Drive~~

~~514 Golfspark Drive~~

City & State
Celebration, FL

City & State
Celebration, FL

5. FEI Number

59-2815594

Applied For

Not Applicable

Zip

34747

Country

USA

Zip

34747

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCCLAIN, H. E. GENE	920 NORTH BERMUDA AVENUE, SUITE	KISSIMMEE FL 34741
VD	PATTERSON, BRIAN M	3722 GRISSOM LANE	KISSIMMEE FL 34741
D	BEILEWECH, PETER W	705 WEST EMMETT ST.	KISSIMMEE FL 34741
D	HENNINGSEN, HARALD	514 Golfspark Drive	Celebration 34747

000025159060
12/02/03--01041--002 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEILEWECH, PETER W
921 W EMMETT ST
KISSIMMEE FL 34741

Name

HARALD HENNINGSEN

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

514 Golfspark Drive

Suite, Apt. #, Etc.

City

Celebration

State

FL

Zip Code

34747

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

11/4/03

11. 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 under section 119.07(3)(i), 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:

SIGNATURE

HARALD HENNINGSEN

11/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)