2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO

04 NOV 15 AM 9:49

DOCUMENT # N23783

1. Entity Name
ORLANDO CARNIVAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1320 TALL MAPLE LOOP OVIEDO, FL 32765 US	P.O. BOX 680945 ORLANDO, FL 32868-0945

10292004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
1001 Santa Anita Dr	P.O Box 680945
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32808 Country: USA	Zip: 32868-0945 Country: USA

4. FEI Number: 59-2776939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDRICKSON-THOMAS, SHIRLANE 1320 TALL MAPLE LOOP OVIEDO, FL 32765	Name: Allan Harris Street Address (P.O. Box Number is Not Acceptable): 1001 Santa Anita Dr City: Orlando FL Zip Code: 32808

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.

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11/15/04--01065--003 **245.00

SIGNATURE: Allan Harris ALLAN HARRIS 10/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2005, Fee will be $297.50

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 HENDRICKSON-THOMAS, SHIRLANE 1320 TALL MAPLE LOOP OVIEDO, FL 32765	☒ Delete	President Allan Harris 1001 Santa Anita Dr Orlando, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALI, KATHLEEN 936 FRESHMEADOW COURT APOPKA, FL 32703	☐ Delete	Treasurer Kathleen Ali 936 Freshmeadow Court Apopka, FL 32703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRO WILTSHIRE, MALCOLM 7369 HIGHLAKE DR ORLANDO, FL 32818	☒ Delete	Vice President Richard Yates 1405 Pine Lake Rd Orlando, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BAPTISTE, KASAUN 970 LITTLE CREEK RD ORLANDO, FL 32825	☒ Delete	Secretary Gloria M. Chandler 1828 Columbine Dr Orlando, FL 32818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JOHNSON, MERVYN 1828 COLUMBINE DR ORLANDO, FL 32818	☒ Delete	Public Relations/Marketing Carlos Francois 1208 Weeping Willow Dr Deland, FL 32724	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	Assistant Treasurer Maureen Brizan 4732 Beacon Street Orlando, FL 32808	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Allan Harris ALLAN HARRIS 10/30/04 407.522.6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/23 aw