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
1320 TALL MAPLE LOOP
OVIEDO, FL 32765 US

Mailing Address
P.O. BOX 680945
ORLANDO, FL 32868-0945

10292004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business: 1001 Santa Anita Dr
Suite, Apt. #, etc.

3. Mailing Address: P.O. Box 680945
Suite, Apt. #, etc.

City & State: Orlando, FL
Zip: 32808 Country: USA

City & State: Orlando, FL
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
HENDRICKSON-THOMAS, SHIRLANE
1320 TALL MAPLE LOOP
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
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.

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

400042752084
11/15/04--01065--009 **245.00

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

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 — 407.522.6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/23 aw