

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 23783

1. Corporation Name

ORLANDO CARNIVAL ASSOC. INC.

900023402319
09/29/03--01071--013 **236.25

2. Principal Office Address

1320 TALL MAPLE LOOP

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 680945

Suite, Apt. #, etc.

City & State

OVIEDO FL

Zip

32765

Country

City & State

ORLANDO, FL

Zip

32868

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2776939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHIRLANE HENDRICKSON-THOMAS

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

1320 TALL MAPLE LOOP

Suite, Apt. #, Etc.

OVIEDO

City

State

FL

Zip Code

32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Shirlane Hendrickson-Thomas

Date

09/25/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HENDRICKSON-THOMAS, SHIRLANE	1320 TALL MAPLE LOOP	OVIEDO, FL. 32765
DV	JOHNSON, MERVYN	1828 COLUMBINE DRIVE	ORLANDO, FL. 32818
SD	ALI, KATHLEEN	936 FRESHMEADOW COURT	APOPKA, FL. 32703
T	BRIZAN, MAUREEN	4732 BEACON HILL ST.	ORLANDO, FL. 32808
PRO	WILTSHIRE, MALCOLM	7369 HIGHLAKE DRIVE	ORLANDO, FL. 32818
AS	BAPTISTE, KASAUN	970 LITTLE CREEK RD.	ORLANDO, FL. 32825

10. 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)(l), 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.

SHIRLANE HENDRICKSON-THOMAS

SIGNATURE:

Shirlane Hendrickson-Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/25/03

Daytime Phone #

407 971 6922

7/9/30