

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 24 AM 8:00

DOCUMENT # **N27735**

1. Corporation Name

AMERICAN INSTITUTE OF GRAPHIC ARTS, ORLANDO CHAPTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2505
 ORLANDO FL 32802-2505

P.O. BOX 2505
 ORLANDO FL 32802-2505

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

08/03/1988

5. FEI Number

59-2929526

Applied For

Not Applicable

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)

500024265385

1	2	3	4
Th(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	BRANDT, RYAN	823 LONGLEAF PINE CT.	ORLANDO FL 32825
D	GUZMAN, BELLA	1758 BOXENEY CT.	ORLANDO FL 32837
D	FOXBURY, KIM	610 W. STETSON ST.	ORLANDO FL 32804
P	OBERWETTER, JENISE	4038 PINYOU DR	ORLANDO FL 32926
D	MINNICH, BRIAN	172 W. SABAL PALM PL	ORLANDO FL 32779
VP	SCOTT, THOMAS	3300 RENLEE PLACE	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOTT, THOMAS
 3300 RENLEE PL.
 ORLANDO FL 32803

Name **JENISE OBERWETTER DAVIS**
 Street Address (P.O. Box Number is Not Acceptable)
109 # 3 S. OSCEOLA AVE
 Suite, Apt., Etc.
 City **ORLANDO** State **FL** Zip Code **32801**

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

Jenise O Davis
 REGISTERED AGENT MUST SIGN

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02/24/04--01038--003 ***61.25

Date

10/22/03

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:

RYAN BRANDT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03 321-259-0014

CPRE040 (7/03)