PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE LOT		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # N291 1. Corporation Name CEntral Florida	O9 JUN 19 AM 10: 05  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 5111 Clarconaces & Suite, Apt. #, etc.	3. Mailing Office Address  2 SQV E Suite, Apt. #, etc.	CR2E081 (12/08)
City & State Orlando 71 Zip Country 3 7 8 1 0 USA	City & State  Qrlando 71  Zip Country  32810 USA	4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number
7. Name and Address of Current Registered Agent  Name Carol Tenney  Street Address (P.O. Box Number is Not Acceptable)  2352 ISland Club Way  Suite, Apt. #, Etc.  City  Orland  State  Zip Code  FL 37872		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date 6-15-09  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	
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		06/19/0901020002 **542.60
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Despire Phone #		

Myc 2012



We have no intention of revoking the dissolution for Central Florida Lyric Opera, Inc. (NO8000011232) and we are releasing the name to be used.

Wilfred B. Doherty, President

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Carol Tenney, Treasurer

6-15-09