

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JAN -3 AM 11:12

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # N38372**

Orlando International Center Property
Owners Association, Inc.
3388 NE Sugarhill Ave
Suite 200
Jensen Beach, FL 34957

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Legal Department

Address

200 South Orange Avenue

Address

Orlando, Florida

City and State

32801

Zip Code

REINSTATEMENT 94-96 00

3. Date Incorporated or Qualified
To Do Business in Florida

5/30/90

4. FEI Number

FEI Number Applied For



FEI Number Not Applicable

5. **\$8.75 Additional Fee**
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City and State
D,P	David J. Sharpe	200 South Orange Avenue	Orlando, Florida 32801
D,S,T	Kelton M. Farris	200 South Orange Avenue	Orlando, Florida 32801
D,VP	Henry D. Haddock	200 South Orange Avenue	Orlando, Florida 32801

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-01/08/97--01009--025
******775.00 ****775.00**

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

John T. Snipes
3388 NE Sugarhill Ave
Jensen Beach, FL 34957

8. Name and Address of New Registered Agent and/or Office

Name

SunTrust Legal Department, Attn. Kelton

Street Address (Do NOT Use P.O. Box Number)

200 South Orange Avenue

M. Farris

Street Address (Do NOT Use P.O. Box Number)

Orlando, Florida

City and State

Zip

FL. 32801

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Kelton M. Farris

REGISTERED AGENT MUST SIGN

Date **12/26/96**

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

12. 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. and that all fees owed by the corporation have been paid. 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 of
Officer or Director

John T. Snipes

Date **12/27/96**

Daytime Phone # **407-237-6750**

Typed or printed name of signing officer or director