

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N41281**

1. Corporation Name

**MISS FLORIDA PAGEANT ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

3705-4 S LAKE ORLANDO PKWY  
ORLANDO FL 32808

3705-4 S LAKE ORLANDO PKWY  
ORLANDO FL 32808

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  
10/30/1990  
5. FEI Number **59-3037591**  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	<del>WILSON, THOMAS, R. III</del> <i>EARL Holtgreffe</i>	<del>658 PINE SHADOW CT</del> <i>492 Country Club Drive</i>	<del>LONGWOOD FL</del> <i>Longwood</i>
C	WHITE, ROBERT, M	300 LAKE BLVD	SANFORD FL
SD	<del>GORIE, BETTIE</del> <i>Cyndi Schulman</i>	<del>310 CREOLE DR</del> <i>1800 S.W. CRANE CREEK AVE.</i>	<del>MERRITT ISLAND FL</del> <i>Palm City</i>
D	DIXON, HENRY	400 E. COLONIAL DRIVE, #1409	ORLANDO FL
P	FINNELL, MARIE	3705-4 S LAKE ORLANDO PK	ORLANDO FL
VP	TIMMONS, PATRICIA	18524 S.W. 293RD TERRACE	HOMESTEAD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINNELL, MARIE  
3705-4 SO. LAKE ORLANDO PKWY  
ORLANDO FL 32808

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**600003457776-1**  
Suite, Apt. #, Etc. **11/08/00-01085-004**  
**\*\*\*236.25 \*\*\*236.25**  
City  
State **FL** Zip Code

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.

Signature of Registered Agent

*Marie Finnell*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-16-00**

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:

*Marie Finnell, President*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-16-00**

Daytime Phone # **407/292-9004**

CR2040 (9/00)