

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

04 APR 12 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N43570**

1. Corporation Name

**ORLANDO SINGLES SQUARE AND ROUND DANCE CLUB, INC**

Principal Place of Business

Mailing Address

3703 2 S LAKE ORLANDO PWY  
ORLANDO FL 32808

3703 2 S LAKE ORLANDO PWY  
ORLANDO FL 32808  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/28/1991

5. FEI Number

59-3099275

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	POMPLIN, CARROLL	10301 HWY 27 UNIT #72	CLERMONT FL 34711
PD	POMPLIN, CARROLL	10301 HWY 27 UNIT #72	CLERMONT FL 34711
VD	ELLIOT, LOUISE	448 E. HILLCREST ST.	ALTAMONTE SPRINGS FL 32701
TD	BERNAL, LORRIE	5451 DENISE AVE	ORLANDO FL 32810
D	ZYWICA, CAROL	PO BOX 537	PAISLEY FL 32767
SD	HEDENGREN, RICH	1117 ANDERSON ST.	DELTONA FL 32725
PD	GAGE, JUNE	850 Logand Dr	Longwood FL 32750

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTON, LORRAINE T  
3703-2 S. LAKE ORLANDO PKWY  
ORLANDO FL 32808

Name

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

3703-2 S LAKE ORLANDO PKY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

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.

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03/29/04--01076--004 \*\*297.50

Signature of  
Registered Agent

*June D. Gage*  
REGISTERED AGENT MUST SIGN

Date

3-26-04

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:

JUNE D. GAGE  
*June D. Gage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-26-04 407-834-0615  
Daytime Phone #