


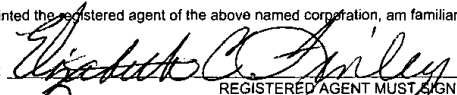
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 SEP 24 PM 2:54	
DOCUMENT # N43930 (9)					
1. Corporation Name ALTRUSA INTERNATIONAL OF ORLANDO-WINTER PARK FOUNDATION, INC.					
2. Principal Office Address 808 Edgewater Drive Orlando, FL 32804-6890 Suite, Apt. #, etc.		3. Mailing Office Address 808 Edgewater Drive Orlando, FL 32804-6890 Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Orlando, Florida			
Zip 32804-6890	Country Orange	Zip 32804-6890	Country Orange	4. Date Incorporated or Qualified To Do Business in Florida 06/14/91	
				5. FEI Number 59-3072827	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

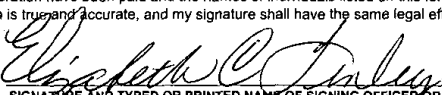
REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent	
Name Elizabeth C. Finley	
Street Address (P.O. Box Number is Not Acceptable) 808 Edgewater Drive	
Suite, Apt. #, Etc.	
City Orlando	State FL
Zip Code 32804-6890	

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-10/01/01--01083-04
****420.00 ****420.00

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 9/18/01
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	City / State / Zip
P	Elizabeth C. Finley	808 Edgewater Drive	Orlando, FL 32804
VPD	Carol Denton	1017 Gran Paseo Drive	Orlando, FL 32825-8330
SD	Judy Myers Nelson	13308 Fairway Point Rd	Orlando, FL 32828
TD	Mary Kay Chester	727 Dartmouth St	Orlando, FL 32804
D	Betsy Sushinsky	4118 Salmon Drive	Orlando, FL 32835
D	Toni Dedik	2467 Middleton Avenue	Winter Park, FL 32792

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elizabeth C. Finley	Date 09/18/01 Daytime Phone # 407-423-1070

CR2E081 (9/00)