

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N92000000696

1. Corporation Name

CENTRAL FLORIDA RESALE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

485 S. ORLANDO AVE  
MAITLAND FL 32751

499 SR 434  
SUITE 1025  
ALTAMONTE SPRINGS FL 32714  
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

12/09/1992

5. FEI Number

NOT APPLICABLE

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GRESHIM, DEBBIE	467 WILMA ST	LONGWOOD FL 32750
TD	MABRY, NANCY	499 SR 434 STE 1025	ALTAMONTE SPRINGS FL 32714
S	DIRE, ROBIN	1490 SR 434	LONGWOOD FL 32750
<del>VP</del>	<del>DUNLAP, DAN</del>	<del>4650 E. MICHIGAN ST</del>	<del>ORLANDO FL</del>
VD	MANN, KAREN	458 N. HIGHLAND ST	MT DORA FL 32757
VP	Damron, Virginia	211 W. Warren Ave.	Longwood FL 32750

8. Name and Address of Current Registered Agent

Frederic Stanley, Jr.  
Stanley, Dehlinger & Rascher  
260 Maitland Avenue, Suite 1500  
Altamonte Springs, FL 32701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

REINSTATEMENT 00-01

FL

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

REGISTERED AGENT MUST SIGN

Date

4.27.01

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nancy H. Mabry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (407) 862-3484  
Date Daytime Phone #

FILED

01 APR 30 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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