PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 16 AM 9:36

DOCUMENT # **N93000001680**

1. Corporation Name

**SOUTH ORANGE ATHLETIC ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 11310 S ORANGE BLOSSOM TRL<br>STE 295<br>ORLANDO FL 32837<br>US | 11310 S ORANGE BLOSSOM TRL<br>STE 295<br>ORLANDO FL 32837<br>US |

If above addresses are incorrect in any way, line through incorrect information and enter correction below. REINSTATEMENT 00-01

| 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: 04/14/1993

5. FEI Number: 59-3172411 ☑ 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) 04-25-00 90059 009 #161-2

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| ~~P~~ P | ~~WEBER, RANDY~~ HAJNER, RANDY | ~~13313 FALCON PT.~~ 316 Hawaii Woods CT | ORLANDO FL ~~32837~~ 32824 ~~26~~ |
| D | ~~LAWS, PATRICIA~~ SCARLETA, RON | ~~2374 WHISPERING MAPLE DR.~~ 1211 Orwell Ave | ORLANDO FL ~~32837~~ 32809 236.25 |
| ~~P~~ D | ~~DEY, AARON~~ REID, MARJORIE | ~~4131 BROOKMYRA DR~~ 11693 Sir Winston Way | ORLANDO FL ~~32837~~ 32824 |
| ~~S~~ D | ~~NEWMAN, JOHN~~ WINTER, JOE | ~~1781 KING HENRY DRIVE~~ 26068 Shinoak Dr. | ~~KISSIMMEE FL 34744~~ 32837 |
| S | DYER, EMELDA | 11507 KEELEY CT | ORLANDO FL 32837 |
| T | ~~JOYCE, NANCY~~ BENTUBO, MICHELLE | ~~3387 AMACA CIR~~ 3718 Brookmyra Dr, | ORLANDO FL 32837 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| ~~WEBER, RANDY~~<br>~~13313 FALCON PT.~~<br>~~ORLANDO FL 32837~~ ~~WEBER, RANDY~~ ~~HAJNER, RANDY~~ | Name: HAJNER, RANDY<br>Street Address (P.O. Box Number is Not Acceptable): 316 Hawaii Woods<br>Suite, Apt. # Etc.: ~~Orlando~~<br>City: Orlando, State: FL, Zip Code: 32824 |

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: SIGNATURE REQUIRED — Date: 05/01/01
REGISTERED AGENT MUST SIGN

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:** SIGNATURE REQUIRED — 05/01/01 — (407) 566-3594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #