

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

93 AUG 21 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001003(2)**

1. Corporation Name

**ORLANDO CARNIVAL
BANDLEAGERS INC**

Principal Place of Business

Mailing Address

**3109 PEMBROOK DRIVE
ORLANDO FL 32810**

REINSTATEMENT 90-98

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.D.	ST CLAIR BALTAZAR	3109 PEMBROOK DR ORLANDO FL 32810	ORLANDO FL 32810
V.D.	DENNIS COPAUL	650 N HIGHWAY 1792	LONGWOOD FL 32750
T.	ROY BELFAST	2117 W COLONIAL DR	ORLANDO FL 32804
S.	JOHN FELIX	501 B SEMORN BLVD	CASSIDEBERRY FL 32707
D.	LBO JAMBS	1871 CHOCTAW TRAIL	MAITLAND FL 32751
D.	WILLIAM L SANDS	60 CARRIAGE HILL CIRCLE	CASSIDEBERRY FL 32707

8. Name and Address of Current Registered Agent

**ST CLAIR BALTAZAR
3109 PEMBROOK DRIVE
ORLANDO FL 32810**

9. Name and Address of New Registered Agent

Name **JB8-25-98**
Street Address (P.O. Box Number is Not Acceptable)
900002627999-3
Suite, Apt. #, Etc. **-08/28/98-01079-009**
City *******497.50 State ZIP 32730**
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 **7/30/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

ST CLAIR BALTAZAR

Date

407-297-9592
Daytime Phone #

CR2E040 (1-98)