

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

97 MAY -7 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002330**

1. Corporation Name

**OLD TIMERS DAY, INC.**

Principal Place of Business

**145 NORTH MAGNOLIA STREET  
ORLANDO FL 32801**

Mailing Address

**145 NORTH MAGNOLIA STREET  
ORLANDO FL 32801**

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

**3465 Phillips Road  
Christmas, FL  
32709 Orange**

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

**3465 Phillips Road  
Christmas, FL  
32709 Orange**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/10/1994**

5. FEI Number

**59-3241825**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)       | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip                                                    |
|----------------|--------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| PD             | TANNER, JOHN                         | 3465 PHILLIPS RD.                                                                         | CHRISTMAS FL 32709                                                    |
| VD             | TANNER, JEAN                         | 3465 PHILLIPS RD.                                                                         | CHRISTMAS FL 32709                                                    |
| <del>STD</del> | <del>WRIGHT, DONALD F</del>          | <del>P.O. BOX 2020 145 N MAGNOLIA AV</del>                                                | <del>ORLANDO FL 32802-0020</del>                                      |
| STD            | Whatley, Robert                      | 23488 Llewellyn Road                                                                      | Christmas, FL 32709<br>-05/14/97--01109--019<br>****165.00 ****165.00 |

8. Name and Address of Current Registered Agent

~~WRIGHT, DONALD F~~  
~~145 NORTH MAGNOLIA STREET~~  
~~ORLANDO FL 32801~~

9. Name and Address of New Registered Agent

Name  
**Tanner, John**  
Street Address (P.O. Box Number is Not Acceptable)  
**3465 Phillips Road**  
Suite, Apt. #, Etc.

City  
**Christmas**

State  
**FL**

Zip Code  
**32709**

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

*John Tanner*

REGISTERED AGENT MUST SIGN

Date **4/30/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: John Tanner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Tanner*

4/30/97 407-5682659

Date Daytime Phone #

CP25040 (5/95)