

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002702

**1. Corporation Name**

The Orlando Chapter of the International Society  
of Certified Employee Benefit Specialists

**2. Principal Office Address - No P.O. Box #**

2250 LUCIEN WAY

Suite, Apt. #, etc.

SUITE 120

City & State

MAITLAND, FL

Zip

32751

Country

USA

**3. Mailing Office Address**

2250 LUCIEN WAY

Suite, Apt. #, etc.

SUITE 120

City & State

MAITLAND, FL

Zip

32751

Country

USA

**7. Name and Address of Current Registered Agent**

Name

CARRIE A. BAILEY, CPA, CEBS

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

2250 LUCIEN WAY

Suite, Apt. #, Etc.

SUITE 120

City

MAITLAND

State

FL

Zip Code

32751

**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

*Carrie A. Bailey*  
REGISTERED AGENT MUST SIGN

Date OCTOBER 8, 2008

**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
PRE	ROBIN LONG, CEBS	4850 MILLENIA BLVD STE 329	ORLANDO, FL 32839
SEC	DANIEL E. FINNANE, CEBS	1675 BUENA VISTA DR ST 310	LK BUENA VISTA, FL 32830
DIR	KAREN ROBERTS, CEBS	2290 LUCIEN WAY, SUITE 150	MAITLAND, FL 32751
TRE	CARRIE A. BAILEY, CEBS	2250 LUCIEN WAY, SUITE 120	MAITLAND, FL 32751

REINSTATEMENT  
2001-08

**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 contained in Chapter 119, 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:

*Carrie A. Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 8, 2008 407-339-1210

Date

Daytime Phone #

FILED

2008 NOV -7 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200137859002  
11/12/08--01052--015 \*\*490.00

REINSTATEMENT  
CR2E081 (10/08)

01-08

**4.** Date Incorporated or Qualified  
To Do Business in Florida

MAY 30, 1995

**5.** FEI Number  
59-3377368

Applied For

Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.