

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

DOCUMENT # N95000003955

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1. Corporation Name

ORLANDO INTERNATIONAL FRINGE FESTIVAL, INC.

Principal Place of Business

398 W AMELIA ST  
ORLANDO FL 32801

Mailing Address

398 W AMELIA ST  
ORLANDO FL 32801



REINSTATEMENT

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

08/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3363982

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DV	GLATTING, JACK HANSHUH, ANA	33 E. PINE ST. 47 E. Robinson St.	ORLANDO-FL-32801 ORLANDO, FL 32801
DS	WAGNER, CATHY HORAN, MATT	2720 WRIGHT AVE. 215 N. Eola Dr.	ORLANDO-FL-32803 ORLANDO, FL 32802
DT	KELLUM, JOHN Brodsky, MIKE	3482 MAGEE BOULEVARD 1977 Westpoint Circle	ORLANDO-FL-32811 ORLANDO, FL 32835
DV D	KENTON SMITH, WANDA Hoagland, wes	733 WEST COLONIAL DRIVE 709 33rd St.	ORLANDO-FL-32304 Orlando, FL 32805
DP	SHANKS, JIM	595 OAK COMMONS BOULEVARD	KISSIMEE FL 34741
DP D	SLADE, BUWALDA, BRIAN	PO-DRAWER 568248 110 E. Hillcrest St.	ORLANDO-FL-32856 Orlando, FL 32801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEWITT, SHERRI K  
37 N ORANGE AVE  
SUITE 840  
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

000003436730-7

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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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date Oct 16, 2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 21, 2000

Date

Daytime Phone #