

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 OCT 10 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N95000003955

1. Corporation Name

Orlando International Fringe Festival, Inc.

2. Principal Office Address

398 W. Amelia Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Office Address

1815 Delaney Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32806

Country

USA

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

August 17, 1995

5. FEI Number

59-3363982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sherri K. DeWitt

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

37 North Orange Avenue

Suite, Apt. #, Etc.

Suite 840

City

Orlando

State
FL

Zip Code
32801

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Oct 4, 01

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
DP	Ana Handshuh	1815 Delaney Avenue	Orlando, Florida 32806
DV	Virginia Smith	20 W. Lucerne Avenue, #912	Orlando, Florida 32801
DS	Heather M. Conger	914 Plaza Court	Orlando, Florida 32803
D	Jim Shanks	1508 Delaney Avenue	Orlando, Florida 32806
D	Wes Hoagland	709 33rd Street	Orlando, Florida 32805
D	Jill Bevan	512 E. Harwood Street, #3	Orlando, Florida 32803

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-01

Daytime Phone #

407-421-9204

CR2E081 (9/00)