

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 31 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003955

1. Corporation Name

Orlando International Fringe Festival, Inc.

2. Principal Office Address

398 W. Amelia Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32801

Country
USA

3. Mailing Office Address

398 W. Amelia Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32801

Country
USA

4. Date Incorporated or Qualified
To Do Business In Florida

5. EEL Number

75-3012108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Darryll L. Clark

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

11 N. Summerlin Avenue

Suite, Apt. #, Etc.

000078482860

00/00/00 01002 000 **245 00

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

REGISTERED AGENT MUST SIGN

Date 7/29/2006

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
Mr. P	Barry L. Miller	11 N. Summerlin Avenue	Orlando, FL 32801
Mr. T	Darryll L. Clark	11 N. Summerlin Avenue	Orlando, FL 32801
Mr. V	Chad Cronon	17 N. Summerlin Avenue	Orlando, FL 32801
Ms. S	Monique Burns	9899 Lake Georgia Drive	Orlando, FL 32817
Mr. B	Wes Hoaglund	709 33rd Street	Orlando, FL 32805

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/2006

Date

407-425-2400

Daytime Phone #

International Fringe Festival of Central Florida
398 W. Amelia Street
Orlando, FL 32801

Florida Department of State
Corporate Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please see attached Corporation Reinstatement form along with a check for \$245.00. We at the festival have not received any notices since 2003 and ask that any late fees be removed. If you have any questions, please contact me at 407-398-6913.

Thank you for your immediate assistance.



Darryll L. Clark
Treasurer
International Fringe Festival of Central Florida