

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000339

1. Corporation Name

O-TEC MID-FLORIDA TECH FOUNDATION, INC.

Principal Place of Business

2900 WEST OAK RIDGE ROAD
ORLANDO FL 32809

Mailing Address

2900 WEST OAK RIDGE ROAD
ORLANDO FL 32809

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1996

5. FEI Number

59-6000771

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CLARK, ROBERT J	2900 WEST OAK RIDGE ROAD	ORLANDO FL 32809
D	SOUTHALL, JIM	2900 WEST OAK RIDGE ROAD	ORLANDO FL 32809
D	HUMPHRIES, JIM	2900 WEST OAK RIDGE ROAD	ORLANDO FL 32809

200008938162
11/12/02--01091--003 **61.25

8. Name and Address of Current Registered Agent

CLARK, ROBERT J
2900 WEST OAK RIDGE ROAD
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-1-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-
11-1-02 855-5880 x2200

20f2

Orange County Public Schools



Orange Technical Education Centers

Mid-Florida Tech

Robert J. Clark, Director

2900 W. Oak Ridge Road
Orlando, FL 32809

407/855-5880
Fax 407/251-6197

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Prior UBR notices for 2002 have not been received by O-TEC MID-FLORIDA TECH FOUNDATION, INC.

With this letter, the enclosed Application for Reinstatement, and a check in the amount of \$61.25 for the filing fee, we request the reinstatement of the organization's corporate status.

Sincerely,

Robert J. Clark
Director