PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
99 NOV 19 PM 12:55

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1. Corporation Name

ORLANDO CHILDRENS' CHARITIES, INC.

Principal Place of Business	Mailing Address
5850 T.G. Lee Blvd. Suite 460 Orlando, FL 32822	5850 T.G. Lee Blvd. Suite 460 Orlando, FL 32822

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
5850 T.G. Lee Blvd.	215 North Eola Drive
Suite, Apt. #, etc.: Suite 460	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32822 Country: U.S.	Zip: 32801 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/1996

5. FEI Number: 59-3357666 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Dyer, Thomas B.	5850 T.G. Lee Blvd.	Orlando, FL 32822
D	Baker, Kari D.	5850 T.G. Lee Blvd.	Orlando, FL 32822
D	Bryant, Brad	5850 T.G. Lee Blvd.	Orlando, FL 32822
D	Fildes, Richard J.	215 North Eola Dr.	Orlando, FL 32801

11/24

8. Name and Address of Current Registered Agent

Richard J. Fildes, Esquire
215 North Eola Dr.
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name: Richard J. Fildes
Street Address (P.O. Box Number is Not Acceptable): 215 North Eola Dr.
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32801

CR2E040 (12/95)

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: Richard J. Fildes Date: 11/16/99
REGISTERED AGENT MUST SIGN
Richard J. Fildes

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: Thomas Dyer 11/9/99 (407) 857-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas B. Dyer, President