

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 15 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001053

1. Corporation Name

CENTRAL FLORIDA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

101 INTERNATIONAL PKWY
HEATHROW FL 32746

101 INTERNATIONAL PKWY
HEATHROW FL 32746



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

725 PRIMERA BLVD

725 PRIMERA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

LAKE MARY FL

LAKE MARY, FL

Zip

Zip

32746 SEMINOLE

32746 SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1998

5. FEI Number

Applied For

59-3575578

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	PRESIDENT - OWEN WENTWORTH	725 PRIMERA BLVD SUITE 100	Lake Mary FL 32746
D	SECRETARY KATHIE RAGAN	3505 W Lake Mary Blvd	Lake Mary FL 32746
D	TREASURER SUSAN CHOCOLA	1220 Douglas Ave #207	Longwood FL 32719

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, JOHN M
1211 SEMORAN BLVD, STE 171
CASSELBERRY FL 32707

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

KE

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:

Owen K. Wentworth, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OWEN WENTWORTH

10/22/99
Date

(407) 333-4748
Daytime Phone #