

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000521

1. Corporation Name

FRIENDS OF THE ARBORETUM, INC.

Principal Place of Business

Mailing Address

311 GLENWOOD AVE., SO.  
ORLANDO FL 32803

311 GLENWOOD AVE., SO.  
ORLANDO FL 32803

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

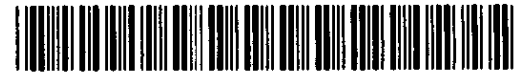
Zip

Country

Zip

Country

REINSTATEMENT



500024480795

11/06/03 01042 020 \*\*61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/1999

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	VEAUDRY, KARINA	311 GLENWOOD AVE., SO	ORLANDO FL 32803
T	COBIA, ROGER	3219 HUNTER PL.	APOPKA FL 32703
ST	MUNSCH, LISA	P,B,S & J; 482 SOUTH KELLER ROA	ORLANDO FL 32810

500024480795

12/26/03--01036--014 \*\*175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VEAUDRY, KARINA  
311 GLENWOOD AVE., SO.  
ORLANDO FL 32803

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Karina Veaudry*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

*Karina Veaudry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

407.228.  
2875

CR2E040 (7/03)