

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 26 AM 8:27

DOCUMENT # N 9900000 3725

1. Corporation Name

ORLANDO POWER STARS CULTURAL
ASSOCIATIONS, INC.

W05-32378

2. Principal Office Address

3218 QUEENS GATE RD
Suite, Apt. #, etc.

3. Mailing Office Address

3218 Queens Gate Rd.
Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32818

Country

U.S.A.

Zip

32818

Country

U.S.A.

REINSTATEMENT

0105

4. Date Incorporated or Qualified
To Do Business in Florida

June 17th 1999

5. FEI Number

59-3594438

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leo James

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

Same as above. 3218 Queens Gate Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

7/22/05

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
P	LEO JAMES	3218 Queens Gate Rd	Orlando, Fl. 32818
V	LEON JONES	6827 Nardaha Blvd	Orlando, Fl. 32818
T	JEAN-ELIZABETH HAMILTON	2236 Winslow Cir Casselb	Casselberry Fl. 32707
S	JENNIFER SAMARCO	923 Gillingham Ct.	Kissimmee, Fl. 34758
M	SELWYN MAHABIR	316 Ashley Loop	Davenport, Fl. 33837

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leo James

Date

6/22/05

Daytime Phone #

407-299-6091 or
407-767-0318

CR2E081 (01/05)