

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT 12 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N990000004162*

1. Corporation Name

*Central FLA. Holiday Golf
Classic/ToysforTots Inc.*

2. Principal Office Address

4897 Quiet OAK LN

3. Mailing Office Address

P.O. Box 2102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FLA.

City & State

Windermere

Zip

32819

Country

USA

Zip

34786

Country

USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

SCOTT T. Barrett

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

4897 Quiet OAK LANE

Suite, Apt. #, Etc.

City

Orlando, FL.

State

FL

Zip Code

32819

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

Scott T. Barrett
REGISTERED AGENT MUST SIGN

Date

10/11/2000

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
Pres. Pres. V.P./Director Dir.	SCOTT T. Barrett	4897 Quiet OAK Ln.	Orl. FLA. 34786
	Elizabeth Moseley	9925 Ulmerton Rd.	Largo FLA. 33771
Director	Terri Phiel	1615 Poe Ave.	Orl. FL. 32806

LS

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:

Scott T. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/2000

Daytime Phone #

*407 94
808-5599*