

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 13 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

DOCUMENT # **N99000005143**

1. Corporation Name

FLORIDA ORLANDO DEVELOPMENT CORPORATION

Principal Place of Business

300 C R SMITH STREET
ORLANDO FL 32805

Mailing Address

300 C R SMITH STREET
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1999

5. FEI Number

59-3601175

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
PVD	Myra Archer	7823 Shoals Drive	Orlando, FL 32817
STD	Arto Woodley	3000 CR Smith Street	Orlando, FL 32817
D	Thomas Kornegay	108 Sausalito Blvd	Casselberry, FL 32707
D	Arthur Lee	942 N-Magnolia Avenue	Orlando, FL 32803
D	ANDERSON, SAMUEL	6371 POWER POINT CIRCLE	ORLANDO FL 32818
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8. Name and Address of Current Registered Agent

SIPLIN, GARY A
4100 NE 2ND AVE, SUITE 301
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

Myra Archer

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

7823 Shoals Drive

Suite, Apt. #, Etc.

City

Orlando, FL 32817

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 11-08-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-08-00 407-831-0099
Daytime Phone # EXT 14

CR2ED40 (8/00)