

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

02 JAN 16 AM 11:25

DOCUMENT # **N99000005143**

1. Corporation Name

**FLORIDA ORLANDO DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

300 C R SMITH STREET  
ORLANDO FL 32805

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3601175

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	ARCHER, MYRA	7823 SHOALS DRIVE	ORLANDO FL 32817
STD	WOODLEY, ARTO	3000 CR SMITH STREET	ORLANDO FL 32817
D	KORNEGAY, THOMAS	108 SAUSALITO BLVD.	CASSELBERRY FL 32707
D	LEE, ARTHUR	942 N. MAGNOLIA AVENUE	ORLANDO FL 32803
D	ANDERSON, SAMUEL	6371 POWER POINT CIRCLE	ORLANDO FL 32818
			3000004785683--1 -01/25/02--01020--013 ***122.50 ***122.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARCHER, MYRA  
7823 SHOALS DRIVE  
ORLANDO FL 32817

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Myra Archer*  
REGISTERED AGENT MUST SIGN

Date 01-08-2002

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)(l), 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:

*Myra Archer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-08-2002 (407) 831-0079  
ext 144

CR2E040 (8/01)

2056

**FLORIDA ORLANDO DEVELOPMENT CORPORATION**

**3000 CR SMITH STREET**

**ORLANDO, FL 32805**



January 9, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Dear Sir/Madam:

Enclosed please find check in the amount of \$122.50 (one hundred and twenty-two dollars and fifty cents) for the last year and the current year.

Florida Orlando Development Corporation (FODC) did not receive last year's uniform business report. As per my telephone conversation with one of your representatives I am including the current year – 2002 – payment so as to prevent this recurrence.

Thank you kindly for your assistance and understanding.

Sincerely,

A handwritten signature in cursive script, appearing to read "Myra Archer".

Myra Archer  
President/Chairman

PHONE: 407-293-3000

FAX: 407-293-4731