

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000016201

1. Corporation Name

ORLANDO-AT YOUR SERVICE, INC.

Principal Place of Business

Mailing Address

49 WINTERIDGE CIR.
ORLANDO FL 32835

49 WINTERIDGE CIR.
ORLANDO FL 32835



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

02/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3628291

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

OSPINA, MARIE

49 WINTERIDGE CIRCLE

ORLANDO FL 32835

T

OSPINA, JAIME

49 WINTERIDGE CIRCLE

ORLANDO FL 32835

9000008576249

10/24/02--01099--014 **150.00

10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHIMENTI, JOSEPH

5053 ERNST CT.

ORLANDO FL 32819

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Orlando

FL

32835

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-21-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

407-415-7283

CR2E040 (8/02)

10/21/02

I JUST RECEIVED THIS FORM TODAY FOR REINSTATEMENT.
I DIDN'T KNOW IT HAD LAPSED & THIS IS THE ONLY STATEMENT RECEIVED TO DATE.
THE PRIOR URB NOTICES WERE NEVER RECEIVED.

A handwritten signature in black ink, consisting of a stylized, cursive 'J' followed by a series of loops and a final flourish.