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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAR 25 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P00000048936

1. Corporation Name

Two South Orange, Inc.

2. Principal Office Address
100 East Pine Street

Suite, Apt. #, etc.
Suite 302

City & State
Orlando, Florida

Zip
32801

Country
U.S.

3. Mailing Office Address
100 East Pine Street

Suite, Apt. #, etc.
Suite 302

City & State
Orlando, Florida

Zip
32801

Country
U.S.

REINSTATEMENT 2001-2002

**4. Date Incorporated or Qualified
To Do Business in Florida** May 17, 2000

5. FEI Number
59-3649944

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cameron B. Kuhn

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

Suite, Apt. #, Etc.
Suite 302

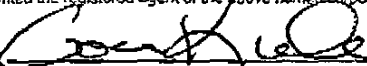
City
Orlando

State
FL

Zip Code
32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent



Date 3-20-02

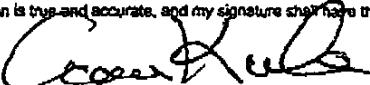
REGISTERED AGENT MUST SIGN

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
<u>O/P</u>	Cameron B. Kuhn	100 East Pine Street Ste. 302	Orlando, Florida 32801

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

3-20-02 (407) 546-9966

Date

Daytime Phone #

CR2001 (0101)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0384

From:

Account Name : STUMP, STOREY & CALLAHAN, P.A.

Account Number : I20000000161

Phone : (407) 425-2571

Fax Number : (407) 425-0827

CORPORATION REINSTATEMENT**TWO SOUTH ORANGE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00