

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000120183**

1. Corporation Name

**100 CENTRAL, INC.**

Principal Place of Business

**100 E CENTRAL BLVD  
ORLANDO FL 32801**

Mailing Address

**100 E CENTRAL BLVD  
ORLANDO FL 32801**

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

**12/20/2001**

5. FEI Number

**01-0580722**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARKU, TOM A	106 N. SUMMERLIN AVE.	ORLANDO FL 32801
D	MAURO, MICHAEL S SR	625 PALMER ST.	ORLANDO FL 32801

**800024568228**  
11/10/03--01085--007 \*\*158.75

8. Name and Address of Current Registered Agent

**HARRISON, CHARLES R  
1413 TROVILLION AVE.  
WINTER PARK FL 32789**

9. Name and Address of New Registered Agent

Name

**Tom A. Marku**

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

**106 N. SUMMERLIN AVE.**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32801**

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11-5-03**

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**  
**Tom A. Marku**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-5-03 407-383-7297**

FILED

03 NOV 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

**03**

CR20040 (7/03)

11-5-03

100 CENTRAL INC. 100 E. CENTRAL BLVD. ORLANDO FL. 32801 407-383-7297

To Whom It May Concern: .

This is to notify you that I never received the corporate renewal this year, and partly blame my registered agent for this. I am changing that to myself, so that hopefully wont have this problem again. I am enclosing a renewal form and check.

Thank you,

A handwritten signature in black ink, appearing to read "Tom A Marku", written over a horizontal line.

Tom A Marku