

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000097546

1. Corporation Name

CULTURAL NETWORKS INTERNATIONAL, INC.

Principal Place of Business

3751 MAGUIRE BLVD., STE. 104
ORLANDO FL 32803

Mailing Address

3751 MAGUIRE BLVD., STE. 104
ORLANDO FL 32803

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.
755 Stage Lane
City & State
Lake Buena Vista, FL
Zip
32830
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 22090
City & State
Lake Buena Vista, FL
Zip
32830
Country
USA

FILED

03 DEC 18 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/2002

5. FEI Number

75-3080193

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
PVT	MAZER, MATT	225 OCEAN SHORE BLVD.	ORMOND BEACH FL 32176
S	GALLOWAY, GREGORY B	3751 MAGUIRE BLVD., STE. 104	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date 12/18/03

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

12/12/03 (407) 560-5600

CR2E040 (7/03)



CORPORATION SERVICE COMPANY™

282

ACCOUNT NO. : 072100000032

REFERENCE : 366114 7382829

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 750.00

ORDER DATE : December 18, 2003

ORDER TIME : 12:33 PM

ORDER NO. : 366114-005

CUSTOMER NO: 7382829

CUSTOMER: Gregory B. Galloway, Esq.
Mr. Gregory B. Galloway, Esq.
755 Stage Lane

Lake Buena Vist, FL 32830

DOMESTIC FILINGS

NAME: CULTURAL NETWORKS
INTERNATIONAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
03 DEC 18 PM 3.06
DIVISION OF CORPORATION