

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 FEB 11 A 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PD 3000044003**

**1. Corporation Name**

**Five Fortune of Orlando, Inc.**

**2. Principal Office Address - No P.O. Box #**

**Rosenie Adrien**

**3. Mailing Office Address**

**6930 Silver Star Rd.**

**Suite, Apt. #, etc.**

**6930 Silver Star Rd**

**Suite, Apt. #, etc.**

**6930 Silver Star Rd**

**City & State**

**Orlando, FL**

**City & State**

**Orlando, FL**

**Zip**

**32818**

**Country**

**USA**

**Zip**

**32818**

**Country**

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**593684353**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**Adrien Rosenie**

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

**6930 Silver Star Rd**

**Suite, Apt. #, Etc.**

**City**

**Orlando**

**State**

**FL**

**Zip Code**

**32818**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

**Rosenie Adrien**

**Date**

**2/10/09**

**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
PD	Adrien, Rosenie	6930 Silver Star Rd	Orlando, FL 32818
VD	Beauvais, Robert	6930 Silver Star Rd	Orlando, FL 32818
VD	Vivis Beauvais	6930 Silver Star Rd	Orlando, FL 32818
VD	Allen, Lura	6930 Silver Star Rd	Orlando, FL 32818
<b>REINSTATEMENT</b>		300143410379	02/11/09--01039--012 **500.00
		300143410379	02/11/09--01039--013 **1000.00

**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 contained in Chapter 119, 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:**

**Rosenie Adrien**

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

**Date**

**2/10/09**

**Daytime Phone #**