

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB 26 PM 1:31

RECEIVED STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000100647

1. Corporation Name

ORLANDO EXHIBITOR SERVICE INC

2. Principal Office Address

7507 Pointview Cir

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32836

Country

USA

ORLANDO

3. Mailing Office Address

7507 Pointview Cir

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32836

Country

USA

ORLANDO

4. Date Incorporated or Qualified  
To Do Business in Florida

8/26/03

5. FEI Number

200224987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS HLECZKA

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

7507 POINTVIEW CIR

Suite, Apt. #, Etc.

01

City

ORLANDO

State

FL

Zip Code

32836

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

*Thomas Hlecza*

Date 2/7/06

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
P	THOMAS D KLECZKA	7507 POINTVIEW CIR.	ORLANDO, FL 32836
VP	THOMAS P THEKLOS	8886 CRIMSON TIDE LN	ORLANDO, FL 32836
VP	MARY L KLECZKA	7507 POINTVIEW CIR	ORLANDO, FL 32836

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:

*Thomas Hlecza*

THOMAS HLECZKA

2/7/06

321-299-5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #