

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -8 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P18787

1. Corporation Name

Fund A Orlando, Inc.

2. Principal Office Address

3424 Peachtree Rd., NE

Suite, Apt. #, etc.

Suite 800

City & State

Atlanta, GA

Zip

30326

Country

USA

3. Mailing Office Address Attn: Gail Knight

3424 Peachtree Rd., NE

Suite, Apt. #, etc.

Suite 800

City & State

Atlanta, GA

Zip

30326

Country

USA

REINSTATEMENT

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

5. FEI Number

59-5898895

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/5/01

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
Dir/ Pres	Eugene F. Conway	3424 Peachtree Rd., NE	Atlanta, GA 30326
VP/ Treas	Vincent L. Crowell	"	"
VP/ Sec	Thomas A. McKean	"	"
VP/ AS	Debbie J. Newmark	"	"
Dir	Jerrold Barag	"	"
Dir	Amber B. Degnan	"	"

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:

Debbie J. Newmark

Debbie J. Newmark

01/02/01

Date

404-848-8600

Daytime Phone #

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

KE

CR2E081 (9/99)