

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthahn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19348

1. Corporation Name

THE DISNEY STORE, INC.

Principal Place of Business

500 S. BUENA VISTA ST.
BURBANK CA 91521
US

Mailing Address

500 S BUENA VISTA ST
BURBANK CA 91521-0586
US

* If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)
1	2	3
PD	HEYMANN, THOMAS A.	101N. BRAND BLVD., SUITE 1000
D	LITVACK, SANFORD M.	500 SOUTH BUENA VISTA
SD	REED, MARSHA L.	500 SOUTH BUENA VISTA ST
TD	GONFORTI, THOMAS G.	500 SOUTH BUENA VISTA ST
T	BUETTNER, ANNE L.	500 SOUTH BUENA VISTA ST

FILED

99 FEB 15 PM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

05/23/1988

5. FEI Number

95-4127358

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

100002780921-8

-02/19/99-01074-004

***150.00 State ***150.00

GLENDAL CA 91203

BURBANK CA 91521

BURBANK CA 91521

BURBANK CA

BURBANK, CA 91521

REINSTATEMENT

98-99 B 2/18/99

8. Name and Address of Current Registered Agent

FRANK S. IOPPOLO
1375 BUENA VISTA DR., 4TH FLOOR
LAKE BUENA VISTA FL 32830

Name

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

Suite, Apt. #, Etc.

City

9. Name and Address of New Registered Agent

100002780921-8

-02/19/99-01074-005

***750.00 State ***750.00

State Zip Code

FL

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-22-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed, Secretary

Date

(818) 560-1000
Daytime Phone #

CR2E040 (9/98)