

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000004443

1. Corporation Name

ORLOS AND COMPANY, INC.

FILED

02 OCT 28 PM 6:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

32 N. MAIN STREET  
LAKE PLACID FL 33852

Mailing Address

32 N. MAIN STREET  
LAKE PLACID FL 33852

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

2. New Principal Office Address, If Applicable

~~12 W. PARK AVE.~~

3. New Mailing Office Address, If Applicable

~~12 W. PARK AVE.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~LAKE PLACID, FLA~~

City & State

~~LAKE PLACID, FLA~~

Zip

Country

~~33852~~

~~USA.~~

Zip

Country

~~33852~~

~~USA.~~

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1993

5. FEI Number

65-0390803

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	ORLOS, DENNIS E	<del>32 N. MAIN STREET</del> 12 W. PARK AVE.	LAKE PLACID FL 33852

400008625874

10/28/02--01084--009 \*\*750.00

8. Name and Address of Current Registered Agent

ORLOS, DENNIS E

~~32 N. MAIN STREET~~

LAKE PLACID FL 33852

9. Name and Address of New Registered Agent

Name

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

12 W. PARK AVE.

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-24-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS E. ORLOS

10-24-02

Date

Daytime Phone #

(863) 699-9662