

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P930000 28499

1. Corporation Name

ORLANDO RESORT MANAGEMENT, INC.

Principal Place of Business

751 Third Avenue
New Smyrna Beach, FL
32169

Mailing Address

751 Third Avenue
New Smyrna Beach, FL
32169

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

2. New Principal Office Address, If Applicable

920 Third Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

920 Third Avenue

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04-19-1993

5. FEI Number

59-3181350

Applied For

Not Applicable

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32169

Country

USA

Zip

32169

Country

USA

6.

CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Nicholas G. Kosmas	920 Third Avenue	New Smyrna Beach, FL 32169
VP	Paul Kosmas	920 Third Avenue	New Smyrna Beach, FL 32169
S/T	Steven P. Kosmas	920 Third Avenue	New Smyrna Beach, FL 32169

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TS

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

James M. Kosmas, P.A.
111 Live Oak Street
New Smyrna Beach, Florida 32168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 12-21-99

11. This corporation owes 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:

Nicholas G. Kosmas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas P. Kosmas, President

12-20-99

Date

(407) 397-1058

Daytime Phone #