


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090456

1. Corporation Name

PORT O'CALL OF ORLANDO INC.

Principal Place of Business

9229 HIDDEN BAY LANE
ORLANDO FL 32819
US

Mailing Address

9229 HIDDEN BAY LANE
ORLANDO FL 32819
US

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

2. New Principal Office Address, If Applicable

~~9229 HIDDEN BAY LANE~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~9229 HIDDEN BAY LANE~~
Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA
Zip 32819 Country USA

City & State
ORLANDO, FLORIDA
Zip 32819 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

12/14/1994

5. FEI Number

59-3288925

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	NADD, JOHN S	9217 HIDDEN BAY LANE	ORLANDO FL
VP	AGNES E. NADD	9217 HIDDEN BAY LANE	ORLANDO FL

200004685132--3
-11/16/01--01049--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

NADD, JOHN S
9217 HIDDEN BAY LANE
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City 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

John Scott Nadd
REGISTERED AGENT MUST SIGN

Date 10 16 2001

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:

John Scott Nadd, JOHN SCOTT NADD, P# 10 16 2001 4078761828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/01)