

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000056107**

1. Corporation Name

YOU'RE INVITED, INC.

Principal Place of Business

**2104 HUNTLEIGH POINT
ORLANDO FL 32835**

Mailing Address

**2104 HUNTLEIGH POINT
ORLANDO FL 32835**

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

2. New Principal Office Address, If Applicable

4732 A S. Kirkman Road

Suite, Apt. #, etc.

2. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32811

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1995

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILBANKS, WENDY	2104 HUNTLEIGH POINT	ORLANDO FL 32835
VS	HARMON, KATHY HARMAN	2104 HUNTLEIGH POINT 2926 Midsummer Drive	ORLANDO FL 32835 Windermere, FL 34786
			400002010754-2 -11/21/96-01022-008 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

WILBANKS, WENDY
2104 HUNTLEIGH POINT
ORLANDO FL 32835

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/11/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/96

(467)

298-0809