

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                     |                                                                                   |                                                                    |
|-------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| APPLICATION<br>FOR<br>REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE                                        |
|                                     |                                                                                   | Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV -3 AM 8:52

DOCUMENT # **P95000066131**

1. Corporation Name

**BITNER.COM/ORLANDO INC.**

Principal Place of Business

1121 EDGEWATER DR.  
ORLANDO FL 32804  
US

Mailing Address

5310 NW 33RD AVE  
STE #218  
FORT LAUDERDALE FL 33309  
US

**REINSTATEMENT 99**

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.

**401 W. Colonial Drive Ste 401**

Suite, Apt. #, etc.

**401 W. Colonial Dr. Ste 401**

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32804 US**

Zip

**32804 US**

4. Date Incorporated or Qualified To Do Business in Florida

**08/25/1995**

5. FEI Number

**59-3333141**

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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director | 4<br>City / State / Zip |
|---------------|----------------------------------------|-----------------------------------------------------|-------------------------|
| ST            | BITNER, GARY E.                        | 890 SW 20TH ST                                      | BOCA RATON FL           |
| P             | HENNESSY, KIMBRA                       | 106 SWEET BAY LN                                    | LONGWOOD FL             |
|               |                                        |                                                     |                         |
|               |                                        |                                                     |                         |
|               |                                        |                                                     |                         |
|               |                                        |                                                     |                         |
|               |                                        |                                                     |                         |

8. Name and Address of Current Registered Agent

RICHARDSON, GEX  
1935 NE 4TH AVENUE  
FORT LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name **Richardson, Gex**  
Street Address (P.O. Box Number is Not Acceptable) **333 North New River Dr. East**  
Suite, Apt. #, Etc. **Ste 4000**  
City **Ft. Lauderdale** State **FL** Zip Code **33301**

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]*

Date

REGISTERED AGENT MUST SIGN

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

*[Signature]*

Date

Daytime Phone #

**10-18-99 407/423-2433**