

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**

97 DEC 15 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000070735**

1. Corporation Name  
**GWD ORLANDO 109, INC.**

Principal Place of Business  
**432 ROUTE 206 NORTH  
BEDMINSTER NJ 07921  
US**

Mailing Address  
**P.O. BOX 4094 N/A  
BEDMINSTER NJ 07921  
US**



**REINSTATEMENT** 97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/13/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3346716	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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. 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
D	GALE, STANLEY C	200 CAMPUS DRIVE, STE. 200	<del>FLORHAM PARK NJ</del> Florham Park, NJ 07932
D	WENTWORTH, FRANCIS X JR.	200 CAMPUS DRIVE, STE. 200	<del>FLORHAM PARK NJ</del> Florham Park, NJ 07932
D	DILLON, THOMAS H	432 ROUTE 206 NORTH	<del>BEDMINSTER NJ</del> Bedminster, NJ 07921
D	KITSON, SYDNEY M.	432 ROUTE 206 NORTH	<del>BEDMINSTER NJ</del> Bedminster, NJ 07921
			900002375439--4 -12/17/97--01093--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<del>GOBERING, GRAY &amp; WHITE, P.A.</del> <del>201 S. ORANGE AVENUE</del> <del>SUITE 700</del> <del>ORLANDO FL 32801</del>		Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite, Apt. #, Etc. Suite 3000 City Miami State FL Zip Code 33131-3209	

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]* **Intrastate Registered Agent Corporation** VICE PRESIDENT  
Date: 12/11/97  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *[Signature]* 11-14-97 908-781-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #