## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT	Katherine Harris Secretary of State Daysson of Componations	ATE	
DOCUMENT # P96000014448  1. Corporation Name	(0)	10 Fry on 111 2:21	
ORLANDO'S MAGICAL VAC	ATIONS & SALES, INC.	STALL PROPERTY.	
Principal Place of Business	Mailing Address		
HOWELL PARK EXECUTIVE CENTER 2250 WINTER WOODS BLVD. WINTER PARK, FL 32792	SAME	DEINGTA	TEAMENT .com .com
If above addresses are incorrect in any way, line throug  New Principal Office Address, If Applicable	h incorrect information and enter correction bel 3. New Mailing Office Address. If Applicable	ow  4 Date Incorporated or Quinto Do Business in Florid	
2308 WINTER WOODS BLVD.	Suile, Apt. #, etc SAME City & State	5 FE Number 59–3367070	Applied For
WINTER PARK   FL	Sip Country	6. CERTIFICATE OF STATUS	DESIRED S8.75 Additional Fee required for a Certificate of Status
Title(s) 1 Names and Street Addresses of Each Officer and/or Dame of Officers and/or Directors	Director (Florida nonprolit corporations must lis Street Address o Officer and/or D 3 (Do NOT Use Post Office	of Fach	City / State / Zip
PD Amanda T. Volence	2308 Winter Wood	Ţ	r Park, FL 32792
		- 62	12-748-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
8. Name and Address of Current Reg AMANDA VOLENCE 2308 WINTER WOODS BLVD. WINTER PARK, FL 32792	Name A Street Add 230 Suite, Apl	9. Name and Address of M manda T. Volence ress (FO Box Number is Not Accep 8. Winter Woods Blvd # Etc ter Park, FL 3279	fatile) 883-240
10. I, being appointed the registered agent of the above Signature of Registered Agent	named conforation, am familiar with and acception of the conformation of the conf	the obligations of Section 607.0505  Date	
1. This corporation owes the culntangible Personal Property		∕es □ No 🏻	(See otherside for information
12. I certify that I am an officer or director or the receiver this reinstatement application, the reason for dissolutioned by the corporation have been paid and the name on this application is true and accurate, and my signate.	on has been eliminated, the corporate name sa es of individuals listed on this form do not qual	itisfies the requirements of section 60 ify for an exemption under section 1:	07.0401 or 617.0401. F.S. that all fees
SIGNATURE: Marcle SIGNATURE AND TYPED OR PRINTE	O Wolence D NAME OF SIGNING OFFICER OR DIRECTOR	2/3/99	1 (407)678-7442 Daylin) Phone #