

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 AM 10:13

DOCUMENT # **P98000099414**

1. Corporation Name

FLORLANDO, INC.

2. Principal Office Address

110 Rose Briar Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

110 Rose Briar Dr.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Longwood FL

Zip

32750

Country

U.S.

Zip

32750

Country

U.S.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1998

5. FEI Number

59-3546612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LARRY B. DUNN

Street Address (P.O. Box Number is Not Acceptable)

110 Rose Briar Drive

Suite, Apt. #, Etc.

000003312470-2

07/05/00-01013-025

******908.75-****908.75**

City

Longwood

State

FL

Zip Code

32750

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Larry B. Dunn

Date **6-8-2000**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S/P/D	Larry B. Dunn	110 Rose Briar Dr.	Longwood, FL 32750
D	Joe DiFlumeri	24 Oak Brook Dr.	Ormond Beach, FL 32177
D	Dennis Feld Kircher	4511 W. Cheyenne Ave.	Las Vegas NV 89133
D	Greg Campbell	4511 W. Cheyenne Ave.	Las Vegas NV 89133
			6/6/27

10. 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.

LARRY B. DUNN

President

SIGNATURE:

Larry B. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-8-2000 407-332-9352

Daytime Phone #

908.75

CR2E081 (9/99)