

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 21 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004895

1. Corporation Name

URAL OF ORLANDO, INC.

Principal Place of Business

301 S. ORLANDO AVE., STE. 200
MAITLAND FL 32751

Mailing Address

PO BOX 1720
WINTER PARK FL 32790-1720

Handwritten initials



REINSTATEMENT 2003

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

01/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3555625

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
OPS	HOLLER, ROGER W JR	301 S. ORLANDO AVE., STE. 200	MAITLAND FL 32751
DV	HOLLER, ROGER W III	301 S. ORLANDO AVE., STE. 200	MAITLAND FL 32751
DV	HOLLER, CHRISTOPHER A	301 S. ORLANDO AVE., STE. 200	MAITLAND FL 32751
DVT	ROGERS HOLLER, JULIETTE E	301 S. ORLANDO AVE., STE. 200	MAITLAND FL 32751

900023970259
10/21/03--01063--006 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, RICHARD M
301 E. Pine Street
Suite 1400
Orlando FL 32802

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. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature of R. SIG...

Date 10/16/03

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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

10-15-03 407 539 6500

Date

Daytime Phone #

CR2E040 (7/03)