



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

00 OCT 18 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

424-D NORTH EDGEMON AVE.
WINTER SPRINGS FL 32708

424-D NORTH EDMON AVE.
WINTER SPRINGS FL 32708



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

503 B
Suite, Apt. #, etc.

503
Suite, Apt. #, etc.

City & State
Orlando FL

City & State Orlando FL

Zip
32708

Zip
32708

Country
USA

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

02/11/1999

5. FEI Number

Applied For

59-3639582

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	Timothy M. Smith	424- D North Edgemon Ave	Winter Springs, FL 32788
			800003447098-1 -11/01/00--01056--019 ****758.75 ****758.75

REINSTATEMENT 00 **TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, TIMOTHY M
424-D NORTH EDMON AVE.
WINTER SPRINGS FL 32708

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.

Signature of
Registered Agent

Date 10-15-2000

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

Date _____

Daytime Phone #