

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V10410  
1. Corporation Name ORBA, INC.

2. Principal Office Address  
2500 Maitland Ctr. Pkwy

3. Mailing Office Address  
170 W. Fairbanks Avenue

Suite, Apt. #, etc.  
4th floor/Suite 401

Suite, Apt. #, etc.  
Suite 200

City & State  
Maitland, FL

City & State  
Winter Park, FL

Zip 32751 Country US

Zip 32789 Country US

4. Date Incorporated or Qualified  
To Do Business in Florida 01/29/1992

5. FEI Number  
593104148

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 Linda Byrd c/o Clear Channel Communications

Street Address (P.O. Box Number is Not Acceptable)  
2500 Maitland Center Parkway

Suite, Apt. #, Etc.  
4th floor/-Suite-401

City Maitland

State FL Zip Code 32751

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

REGISTERED AGENT MUST SIGN

Date 5/9/01

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
DP	<u>Linda Byrd</u>	<u>2500 Maitland Center Parkway 4th floor/Suite 401</u>	<u>Maitland, FL 32751</u>
DV	<u>Rich Reese</u>	<u>4192 John Young Parkway</u>	<u>Orlando, FL 32804</u>
DS	<u>Robin Smith</u>	<u>1800 Pembroke Drive Suite 400</u>	<u>Orlando, FL 32810</u>
DT	<u>Rick Weinkauff</u>	<u>170 W. Fairbanks Avenue Suite 200</u>	<u>Winter Park, FL 32789</u>

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.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-647-5557