


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 22 PM 5:09

DOCUMENT # **F99000002303**

1. Corporation Name

THE ORCHARD FOUNDATION INC.

Principal Place of Business: 5225 N ACADEMY BLVD, 100, COLORADO SPRINGS CO 80918
 Mailing Address: PO BOX 35660, COLORADO SPRINGS CO 80935



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/05/1999	
City & State		City & State		5. FEI Number	
Zip		Country		84-1466105	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	LOSCHEIDER, JAMES J <i>Jones, Michael L.</i>	5225 N ACADEMY BLVD	COLORADO SPRINGS CO 80918
V	HOFFMAN, STEPHEN T <i>Krehely, A. John</i>	5225 N ACADEMY BLVD	COLORADO SPRINGS CO 80918
C	ANDREWS, SCOTT R	920 RIVERS AND DEPOTS STREET	BOONE NC 28607
VC	DENHAM, THOMAS C	13911 GOLD CIRCLE, SUITE 210	OMAHA NE 68114
D	LEONARDY, NICHOLAS J DR.	25795 EDINBOROUGH CIRCLE	PERRYSBURG OH 43551
D	KEIL, HARRY	250 CASTLE DRIVE	NOKOMIS FL 34275

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SOKOL, ANN 15010 SHELL POINT BLVD. FORT MYERS FL 33908		Name Street Address (P.O. Box Number is Not Acceptable) 500004669715-2 Suite, Apt. #, Etc. -11/06/01--01084--002 City State Zip FL 33861.25	

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: *[Signature]* **SIGNATURE REQUIRED** Date: 10/15/01
 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]* **SIGNATURE REQUIRED** Date: 10/15/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)



P.O. Box 35660
Colorado Springs, CO 80935-3566

Toll-Free: (888) 689-6300
Office: (719) 268-7200
Fax: (719) 268-7256
E-mail: steward@theorchard.org

October 12, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is the Application for Reinstatement for The Orchard Foundation. Also enclosed is a check for \$61.25 for the annual report fee. We never received the original report or second notice. Therefore, please waive the reinstatement fee.

If you have any questions, please call me at (719) 268-7225 or Pam Holley at (719) 268-7233.

Sincerely,

A. John Krehely
Vice President/CFO