

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 APR 30 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000048370**

1. Corporation Name

RESORT CONFERENCE SERVICES, INC.

500005501165--9

-05/09/02--01072--018

******300.00 ****300.00**

2. Principal Office Address

5334 CENTRAL FL PKWY

3. Mailing Office Address

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

SAME

Zip

32821

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3322465

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

GREGORY SCHELLER

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

8791 ALEGRE CIR.

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32836

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-17-02

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
PRES	GREG SCHELLER	8791 Alegre Circle	ORLANDO, FL 32836

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 907-491-2290

Date

Daytime Phone #

CR2E081 (9/01)

m 5/5/02