

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 NOV 13 PM 2:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000098088

1. Corporation Name  
**INFLATABLE ATTRACTIONS INTERNATIONAL, INC.**

Principal Place of Business  
 310 E. ANDERSON STREET  
 ORLANDO FL 32801

Mailing Address  
 310 E. ANDERSON STREET  
 ORLANDO FL 32801



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 12/04/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3417326	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MASON, C.B.	3526 SOUTH POINTE DR	ORLANDO FL 32811
			900002350029--2 -11/18/97--01025--014 ****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MASON, C B 310 E. ANDERSON STREET ORLANDO FL 32808		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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]* REGISTERED AGENT MUST SIGN Date: 3/11/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  due 6/98 (See other side for information on intangible tax.)

12. 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]* MD OLIVE BRIAN MASON 3/11/97 407-422-7195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

2

**Inflatable Attractions International**  
**310 East Anderson Street,**  
**Orlando, Florida. 32801**  
**Tel / Fax 407 422 7195**

**Tuesday October 28th 1997**

**Attn. Shaun**  
**Divisions of Corporations**  
**Annual Report / Reinstatement Section**  
**P.O. Box 6327**  
**Tallahassee**  
**Florida 32314 - 6327**

**Dear Shaun,**

**With reference to our conversation of the 27th**  
**October I now have pleasure in enclosing a cheque for \$165.00**  
**as full payment for the 'Notice of Administrative Dissolution or**  
**Revocation'. As discussed on the phone I received no prior**  
**notice or warning to the final notice.**

**I apologise for any inconvenience caused and trust everything is**  
**now in order but, should you require any further information**  
**please do not hesitate to contact.**

**Yours sincerely,**



**C.B. Mason**