

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 19 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # 721315

1. Corporation Name

Conway Recreation Park, Inc.

300008665893
10/29/02--01067--009 **122.50

2. Principal Office Address

1400 Kennedy Avenue

Suite, Apt. #, etc.
N/A

City & State

Orlando, Florida

Zip
32812

Country
USA

3. Mailing Office Address

P.O. Box 560294

Suite, Apt. #, etc.
N/A

City & State

Orlando, Florida

Zip
32856-0294

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1971

5. FEI Number

591365048

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

Scott Porter Williams

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

2709 Kingfisher Drive

Suite, Apt. #, Etc.

N/A

City

Orlando

State
FL

Zip Code
32806

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

Date 10/24/02

REGISTERED AGENT MUST SIGN

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.	Scott P. Williams - D	2709 Kingfisher Drive	Orlando, FL 32806
V. Pres.	Kevin Brooks - D	3624 Rothbury Dr.	ORLANDO, FL 32812
Sec.	Lisa Bailey - D	4041 Teriwood Ave	ORLANDO, FL 32812
Treas	Carla Barrows - D	2134 Monastery Circle	ORLANDO, FL 32822
			10/24/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 407-895-9888

Date

Daytime Phone #

CP2E081 (9/00)