

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 12 AM 8:00

DOCUMENT # 721315

1. Corporation Name

Conway Recreation Park, Inc.

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

*[Handwritten Signature]*

Date

11/6/03

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	2709 Kingfisher Drive	Orlando, FL 32806
VPres	Dean Eaton	5403 Conway Oaks Court	Orlando, FL 32812
Sec.	Harvey Baker	3700 Oakview	Orlando, FL 32812
Treas	Carla Barrows	2134 Monastery Circle	Orlando, FL 32822

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/03

Daytime Phone #

407-895-9888

CR2E081 (10/02)

REINSTATEMENT 03

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*MRS*