

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 15 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 02 000000090

1. Corporation Name

RESORT MEETINGS CONSORTIUM

REINSTATEMENT 03-05

400057516294

07/15/05--01034--003 **450.00

2. Principal Office Address

5401 S. KIRKMAN RD

Suite, Apt. #, etc.

SUITE 660

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

5401 S. KIRKMAN RD

Suite, Apt. #, etc.

SUITE 660

City & State

ORLANDO, FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 2002

5. FEI Number

223459449

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

DEBRA JACOBS

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

5401 S. KIRKMAN ROAD

Suite, Apt. #, Etc.

SUITE 660

City

ORLANDO

State

FL

Zip Code

32819

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

JUL 12, 2005

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
PS	DEBRA JACOBS	5401 S. KIRKMAN RD # 660	ORLANDO, FL 32819
VT	JERRY JANOVE	5401 S. KIRKMAN RD # 660	ORLANDO, FL 32819

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]

JERRY JANOVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-05

Date


Daytime Phone #

407-398-0570

CR2E081 (01/05)



Memorandum

To: Florida Department of State **From:** Jerry Janove 

Phone: 850-245-6059

Phone: 407-398-0570

Date: 7/12/2005

Subject: Corporate Reinstatement

To Whom it May Concern:

Please accept this letter as official confirmation that Resort Meetings Consortium would like to be reinstated with you. The reason we are listed inactive is that you do not have our correct address listed and we did not receive the forms in 2003 to remain active. I spoke to Eula Peterson in your office and she said that because we did not receive the forms in 2003, you would waive the \$600 penalty. Therefore, enclosed is our check for \$450 to cover the years 2003, 2004 and 2005. Please contact me at 407-398-0570 if you have any questions. Thank you!!

Regards.



Jerry Janove
Vice President and Treasurer
Resort Meetings Consortium
5401 South Kirkman Road, Suite 660
Orlando, FL 32819
Phone - 407-398-0570
Fax - 407-398-0577