

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FLORIDA DEPARTMENT OF STATE**  
**REINSTATEMENT**  
**Division of Corporations**  
**John Smith**  
**Secretary of State**  
**Division of Corporations**

FILED  
03 JAN 10 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000650

1. Corporation Name

RESORT Hotels of Georgia, Inc.  
2700 North Atlantic Ave  
Daytona Beach, FL 32118

2. Principal Office Address

2700 N. Atlantic Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2700 N. Atlantic Ave

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

U.S.A.

City & State

Daytona Beach, FL

Zip

32118

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

2-12-93

5. FEI Number

58-2029997

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

George D. BURDEN

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

434 N. Halifax Drive

Suite, Apt. #, Etc.

Suite 1

City

Daytona Beach

State

FL

Zip Code

32118

100011991801

02/07/03--01053--022 \*\*2016.25

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

George D. Burden

REGISTERED AGENT MUST SIGN

Date

12-19-02

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.	W. Harrison Merrill	975 Johnson Ferry Rd #450	Atlanta, GA 30342
Treas.	Hugh O. Nowell	975 Johnson Ferry Rd #450	Atlanta, GA 30342
V.P.			
Sec.			

FF \$900

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

Date

1-2-03

Daytime Phone #

*[Signature]*

REINSTATEMENT 02-03