APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 AM 8:43

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # F98166

Four Star Amusement, Inc., a Florida Corporation
6490-4 Cape Hatteras Way N.E.
St. Petersburg, Florida 33702

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. RE TAKE OF 3 FATE TALLAHASSEE FLORIDA

Address

Address

City and State

REINSTATEMENT 95-96 AR

3. Date Incorporated or Qualified To Do Business in Florida: 9/3/82

4. FEI Number: ✓59-2224152

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. $8.75 Additional Amount Required for a Certified Copy

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number(s))	4 City and State
Pres. Dir.	Neel Voss	6490-4 Cape Hatteras Way N.E.	St. Petersburg, Florida 33702

000002022500--9
-12/06/96--01084--019
*****575.00 *****575.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Philip A. McLeod, Esq.
540 Fourth Street North
St. Petersburg, Florida 33701

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL Zip

9. 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 ✓ _____ Date ✓ 11/8/96
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (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., and that all fees owed by the corporation have been paid. 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 of Officer or Director ✓ Neel F. Voss Date 11-30-96 Daytime Phone # 813-576-2216