PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

09 DEC 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J34083

1. Corporation Name

RESORT MARKETING CONSULTANTS, INC.

700162766627

1655.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
407 Flagler Avenue	PO BOX 2092
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: New Smyrna Beach, FL	City & State: New Smyrna Beach, FL
Zip: 32169 / Country: United States	Zip: 32170 / Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/1986

5. FEI Number: 59-2835051 ☐ 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: Kosmas, Nicholas G

Street Address (P.O. Box Number is Not Acceptable): 6986 South Atlantic Avenue

Suite, Apt. #, Etc.:

City: New Smyrna Beach | State: FL | Zip Code: 32169

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Nicholas G Kosmas — Date: 11/10/2009

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
PD	Kosmas, Nicholas G	PO BOX 2092	New Smyrna Beach, FL 32170
AD	Brucellaria, Angella Y	3722 South Atlantic Avenue	New Smyrna Beach, FL 32169
AD	Brucellaria, John E	3722 South Atlantic Avenue	New Smyrna Beach, FL 32169

10. E-mail Address: sseaphoa@cfl.rr.com

(To be used for future annual report notification)

11. 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. I further certify 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: Angella Brucellaria — 11/10/2009 — 386-424-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0309

REINSTATEMENT

12/14