

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 23 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J77507**

1. Corporation Name

ADVENTURE RESORTS OF AMERICA, INC.

Principal Place of Business

1411 South Highway 27
Clermont, FL 34711

Mailing Address

P.O. BOX 19719
IRVINE CA 92713



REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1987

5. FEI Number

59-2848751

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VPD	SCHULZ, HANS W	17672-B Cowan Avenue	Irvine, CA 92614
SD	NOVELLI, MARLIES H	17672-B Cowan Avenue	Irvine, CA 92614
TD	THOMPSON, ROBERT	4701 VON KARMAN AVE.	NEWPORT BEACH CA 92660
PCD	NOVELLI, RAYMOND G	17672-B Cowan Avenue	Irvine, CA 92614
300003099993-9 -01/15/00--01001--022 ***1058.75 ***1058.75			

8. Name and Address of Current Registered Agent

GT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Gary Merritt

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

1411 South Highway 27

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

10. 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

Gary Merritt
REGISTERED AGENT MUST SIGN

Date 12/21/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 21, 1999

Date

Daytime Phone #

CR2ED40 (8/97)