

**APPLICATION  
FOR  
REINSTATEMENT**

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

DO NOT WRITE IN THIS SPACE

**REINSTATEMENT**

93-97

mwb

Read Instructions on Other Side Before Making Entry  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # J99992**

Resort Management Consulting, Inc.  
P. O. Box 120276  
Clermont, FL 34712

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.

Address

Address

City and State

Zip Code

FILED  
JAN 28 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified  
To Do Business in Florida  
October 30, 1987

4. FEI Number  
59-2859106

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title	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 and State
Director	Peggy L. Abraham	240 Mohawk Road	Clermont, FL 34711

900002072109--9  
-01/29/97--01032--021  
\*\*\*1410.00 \*\*\*1410.00

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

Peggy L. Abraham  
240 Mohawk Road  
Clermont, FL 34711

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

*Peggy L. Abraham*  
REGISTERED AGENT MUST SIGN

Date 1/27/97

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

*Peggy L. Abraham*  
Typed or printed name of signing officer or director

Date 1/27/97

Daytime Phone # 352-394-4048

Typed or printed name of signing officer or director Peggy L. Abraham, Director